

Husted Urging Changes In Special Election Laws

Absentee voting has started in a special Democratic primary for the Eighth Congressional District, although Secretary of State Jon Husted is pushing lawmakers to change the law that is requiring the election to take place.

The special primary is designed to name a Democratic candidate to replace Corey Foister on the ballot in November. Mr. Foister withdrew 107 days before the November election and will be replaced on the ballot by Steve Fought.

State law requires a special election to be held if a congressional candidate withdraws from the race with more than 90 days to go before the general election, according to Mr. Husted's office. After the 90th day before the election, there's a window allowed by state law in which the party could appoint a candidate without a special election.

In a statement, Secretary Husted said he will urge the General Assembly to make changes to Ohio law to avoid having conduct a special primary election in which only one candidate is running in the future.

"It is a waste of time and tax dollars to hold a special election when only one candidate is running," Secretary Husted said. "I hope the legislature will change the law to avoid this problem in the future."

Absentee voting in the special primary for overseas and military voters started Saturday, according to the Secretary of State's office.

Mr. Fought, a former press secretary for U.S. Rep. Marcy Kaptur (D-Toledo), lives in Toledo but plans to move to Butler County to run for the seat, according to a report from the *Toledo Blade*.

Mr. Fought will face U.S. Rep. Warren Davidson (R-Troy), who won the seat formerly held by House Speaker John Boehner in a special election in June (See Gongwer Ohio Report, June 8, 2016). Green Party candidate James J. Condit Jr. is also running for the seat.

LPO Plans Appeal After Latest Setback In Ballot Access Case

The Libertarian Party of Ohio said Monday it will appeal a federal appeals court's rejection of the group's claims it was unfairly kept off the state ballot in the 2014 election.

The U.S. Sixth Circuit Court of Appeals on Friday affirmed the May decision by a district court in favor of Secretary of State Jon Husted.

In its appeal to the Sixth Circuit, the LPO claimed state actors selectively enforced the law against Libertarian Party candidates and that state law violated the equal protection

clause of the 14th Amendment by requiring new minor parties to nominate candidates by petition, rather than primary elections.

Circuit Judge Karen Nelson Moore wrote in the decision that the LPO failed to demonstrate the Secretary of State's Office worked with the Ohio Republican Party in a conspiracy to keep the Libertarians off the ballot in 2014. Judge Moore said the district court was correct in granting summary judgment on the selective enforcement claim.

As to the claim of equal rights violations, the court ruled the state's interest in requiring new minor parties to demonstrate a base of support outweighed the burden placed on the LPO by having to nominate candidates by petition, instead of by primary election.

Mark Brown, the LPO's lead attorney, said in a statement that the party will appeal the decision, saying voters should have the ability to vote for their presidential ticket of former New Mexico Gov. Gary Johnson and former Massachusetts Gov. William Weld.

"We are immediately appealing the Sixth Circuit's decision to the United States Supreme Court," he said. "The Constitution and the voting rights of Ohioans are too important not to. The Johnson/Weld ticket offers a critical choice in this election cycle, and as things stand Ohio Republicans have been allowed to cancel that choice. The Supreme Court may change all that."

Joshua Eck, a spokesman for Secretary Husted, said the case has been clearly decided.

"The court of appeals, like every court before them have affirmed that this law is constitutional," he said in an email. "It's time to stop wasting the taxpayers' money with this frivolous lawsuit."

The lawsuit is the latest by the LPO over ballot access. In 2006, the party successfully challenged a state law that required parties that received less than 5% of the vote in the last gubernatorial or presidential election to file petitions 120 days before the primary election, or nearly a year before the general election, in order to appear on the ballot.

The party successfully challenged a similar law in 2011, this one requiring the petitions to be filed 90 days before the primary election.

"As we have promised Ohio voters, the LPO will work to overturn any and all unconstitutional restrictions that Republicans or Democrats use to block voters from having free, fair, and meaningful choices at the ballot box," Bob Bridges, the LPO's executive committee chair, said in a statement.

Mr. Bridges said the party is currently working to gather the 5,000 signatures required to place Govs. Johnson and Weld on the ballot in November as independents. The deadline for that petition is Aug. 10.

Ethics Commission: Former Columbus Council Members Should Pay For Attendance At 2014 Game

The Ohio Ethics Commission has reached agreements with three former Columbus City Council members, including current Mayor Andrew Ginther, for them to pay more than \$400 each after accepting tickets to the 2014 Big Ten Championship football game from a vendor.

The letters from the OEC released Monday call for Mr. Ginther, Council Member Shannon Hardin and now-Franklin County Municipal Judge Eileen Paley to pay \$446.53 to the City of Columbus to benefit new city ethics policies and protocols.

All three were members of the city council in 2014 when Centerplate, a vendor of the Franklin County Convention Facility Authority, paid for them to attend the game in Indianapolis.

The city appoints members to the authority and appropriates more than \$7 million per year to fulfill bond requirements from the FCCFA, meaning the city could be required to fund authority deficits, according to the letter.

The OEC also sent a letter to Donald Leach Jr., an attorney representing the FCCFA, calling for him to pay \$893.06 for the cost of attendance for him and his wife.

Mr. Hardin also agreed to pay \$893.06, also covering the cost of a guest who attended.

The amounts to be paid are the difference between what the officials paid and what the OEC determined the actual cost to Centerplate was for the event and transportation.

The OEC letters said there was no finding in the review that ethics law or other statutes were violated, so the matters were closed and no further action will be taken.

Education Notes: ODE Seeking Career-Focused Education Grant; Chancellor Carey Plans UA Visit; OSU Police Department Recognized

The Ohio Department of Education is soliciting public input as it pursues a grant aimed at improving career-focused education.

Before submitting its application for the three-year grant, ODE said it would like to gather survey responses from educators, parents, students, businesses and community organizations to determine the access to career prep resources in schools now.

"The department will use the information from the survey to create the grant proposal on how Ohio will increase pathways for students to get the training and skills they need to compete for jobs," according to an ODE release.

The New Skills for Youth grant is sponsored by the Council of Chief State School Officers, the National Association of State Directors of Career Technical Education Consortium and JP Morgan Chase.

Chancellor Visit: Chancellor John Carey will head to the University of Akron Tuesday to lead a roundtable discussion on higher education and business partnerships.

ODHE announced that from 10:30-noon he'll be joined by UA's Interim President Matthew J. Wilson as well as business partners and a number of representatives from northeast Ohio colleges and universities that are part of a Regionally Aligned Priorities in Delivering Skills grant process.

Mr. Carey is expected to explain the funding that will be provided to the region as part of a RAPIDS grant and how that money can be used to benefit businesses and higher education.

Campus Police: Ohio State University's Police Division has received its first reaccreditation from the Commission on Accreditation for Law Enforcement Agencies, the institution announced.

The campus police department is one of about 70 universities agencies that meet the commission's 188 standards, according to an OSU release. It was first accredited by CALEA in 2013.

"The Ohio State University Police Division has a uniquely tailored approach focusing on both safety and education," OSUPD Chief Craig Stone said in a statement. "CALEA accreditation exemplifies our commitment to the safety of our campus community and shows we hold our officers to the highest standards in law enforcement."

Gongwer Statehouse Job Market Updated

Gongwer's Statehouse Job Market has been updated. The update is available on the Gongwer website.

Subscribers interested in posting job openings on Gongwer's employment board can send job descriptions and other information to gongwer@gongwer-oh.com.

Supplemental Agency Calendar Wednesday, August 3

Ohio Collaborative Community-Police Advisory Board, Ohio Department of Public Safety Atrium, 1970 W. Broad St., 1st floor, Columbus, 10 a.m.

Supplemental Event Planner Sunday, August 7

Lisa Schacht (R-Candidate 20th House District) fundraiser, Schacht Family Farm, 5950 Shannon Road, Canal Winchester, 6 p.m., (Special Guests Secretary of State Jon Husted and Ohio Senator Kevin Bacon. Host: \$300; Host Committee: \$200; Supporter: \$100; Attendee: \$25/person to Citizens for Lisa Schacht)

Thursday, August 11

Ohio Charter School Summit, Hyatt Regency Columbus, 350 North High Street, Columbus, 9 a.m.

Friday, August 12

Ohio Charter School Summit, Hyatt Regency Columbus, 350 North High Street, Columbus, 8:30 a.m.

Rep. Dorothy Pelanda (R-Marysville) Golf Outing fundraiser, Darby Creek Golf Course, 19300 Orchard Road, Marysville, 11:30 a.m., (11:30am Registration and Lunch; 12:30pm Shotgun Start; 5:00pm Reception with Special Guest Attorney General Mike DeWine. Lunch/Golf/Reception: \$80/person; Reception Only: \$40/person; Hole Sponsor: \$100 to Pelanda for State Representative)

Tuesday, August 16

Wes Goodman (R-Candidate 87th House District) fundraiser, Cedar Creek Barn, 7723 State Route 42, Mansfield, 5:30 p.m., (Chair: \$1,000; Host: \$500; Sponsor: \$200; Couple: \$50; Individual: \$25 to Friends of Wes Goodman)

Tuesday, August 23

~~Canceled: Rep. Terry Johnson (R-McDermott) fundraiser, Athletic Club of Columbus, 436 E. Broad Street, Columbus, 11:30 a.m., (Chair: \$2,500; Sponsor: \$1,000; Patron: \$500; Guest: \$350 to Terry Johnson for State Rep)~~

Wednesday, August 24

Sen. Troy Balderson (R-Zanesville) & Rep. Stephanie Kunze (R-Candidate 16th Senate District) golf outing fundraiser, Country Club at Muirfield Village, 8715 Muirfield Drive, Dublin, 8:30 a.m., (\$1,000 Total Contribution. Golfers pay for their own golf. Please make separate checks for \$500 each payable to Troy Balderson for State Senator & Citizens for Stephanie Kunze)

Tuesday, September 6

Matt Huffman (R-Candidate 12th Senate District) golf outing fundraiser, Hidden Creek Golf Club, 6245 Sugar Creek Rd., Lima, 9 a.m., (Registration 9:00-10:00am, Shotgun Start 10:00am \$1,000 Event Sponsor | \$200 Tee Sponsor | \$100 per Golfer to Matt Huffman for Ohio)

Rep. Gary Scherer (R-Circleville) golf outing fundraiser, Pinnacle Golf Club, 1500 Pinnacle Club Drive, Grove City, 11 a.m., (11:00am Shotgun and Lunch; 12:00pm Shotgun Start. Event Sponsor: \$1,500; Food/Beverage Sponsor: \$750; Foursome: \$400; Hole Sponsor: \$200; Individual Golfer: \$125 to Friends of Gary Scherer)

Rep. Ron Young (R-Leroy Township) Winery Reception fundraiser, Debonne Vineyards, 7840 Doty Road, Madison, 5:30 p.m., (with Special Guest Lieutenant Governor Mary Taylor. Chair: \$2,500; Host: \$1,000; Sponsor: \$500 to Friends of Ron Young)

Wednesday, September 7

Sen. Bill Beagle (R-Tipp City) & Sen. Bob Peterson (R-Sabina) golf outing fundraiser, County Club at Muirfield Village, 8715 Muirfield Drive, Dublin, 8:30 a.m., (\$1,000 Total Contribution. Golfers

pay for their own golf. Please make separate checks for \$500 each payable to Citizens for Bill Beagle & Peterson for Good Government)

Tuesday, September 13

Rep. Steve Hambley (R-Brunswick) and Rep. Doug Green (R-Mt. Orab) fundraiser, Ringside, 19 N. Pearl Street, Columbus, 5 p.m., (Chair: \$1,000; Host: \$500; Sponsor: \$350 to Hambley for House Committee and/or Committee to Elect Doug Green)

Wednesday, September 14

Rep. Jim Butler (R-Oakwood) and Rep. Margy Conditt (R-Liberty Township) fundraiser, Oliver's, 26 N. High Street, Columbus, 12 p.m., (Chair: \$1,000; Host: \$500; Sponsor: \$350 to Butler for Ohio and/or Friends of Margy Conditt)

Monday, September 19

Rep. Steve Huffman (R-Tipp City) golf outing fundraiser, Homestead Golf Course, 5327 Worley Road, Tipp City, 8:30 a.m., (8:30am Registration and Light Breakfast; 9:30am Remarks from Congressman Warren Davidson; 10:00am Shotgun Start. Event Sponsor: \$2,000; Food and Beverage Sponsor: \$1,000; Tee Sponsor: \$500; Individual Golfer: \$250 PAC/\$150 Individual to Steve Huffman for State Rep)

Tuesday, September 20

Rep. Derek Merrin (R-Waterville) fundraiser, OHROC Offices, 21 W. Broad Street, Floor 7, Columbus, 11:30 a.m., (Chair: \$1,000; Host: \$500; Sponsor: \$350 to Friends of Derek Merrin)

Wednesday, September 21

Craig Riedel (R-Candidate 82nd House District) fundraiser, Oliver's, 26 N. High Street, Columbus, 5 p.m., (Chair: \$1,000; Host: \$500; Sponsor: \$200 to Citizens to Elect Craig Riedel)

Friday, September 30

Sen. Bill Beagle (R-Tipp City) fly fishing fundraiser, Spring Run Farms, 9206 Haddix Road, Fairborn, 11 a.m., (11:00am-4:00pm Fishing, 4:00-6:00pm Reception; \$1,000 Pike Sponsor | \$500 Salmon Sponsor | \$350 Trout Sponsor | \$175 Bluegill Sponsor | \$100 per couple/family | \$75 per Individual to Citizens for Bill Beagle)

Tuesday, October 18

OHROC Fundraising Reception, Athletic Club of Columbus, 136 E. Broad Street, Gold Room, Columbus, 5 p.m., (Chair: \$5,000; Sponsor: \$2,500; Host: \$1,000; Guest: \$500 OHROC)

17 S. High St., Suite 630

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Scott Miller, President | Alan Miller, Vice President | Kent Cahlander, Editor | Melissa Dilley, Mike Livingston, Dustin Ensinger, Jon Reed, Staff Writers

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House Activity for Monday, August 1, 2016

INTRODUCED


HB 587

DASHBOARD CAMERAS (Boyce, K.) To require law enforcement officers to use dashboard cameras and body cameras during any time that they are interacting with any member of the public while in the performance of their duties, to provide for state financial assistance to local law enforcement agencies for the purchase of such cameras and related equipment, and to make an appropriation. Am. 109.73, 109.742, 109.77, 109.79, and 109.80 and to enact sections 2901.51 and 2901.52

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Senate Activity for Monday, August 1, 2016

INTRODUCED

SB 342  **WEAPON POSSESSION (Thomas, C.)** To grant municipal corporations the authority to impose a ban or restriction on the open carry or concealed carry of any firearm in a publicly secured area established by the municipal corporation during an event of regional or national significance being held in the municipal corporation. Am. 9.68, 2923.122, and 2923.126 of the Revised Code and to amend Section 9 of Am. Sub. H.B. 12 of the 125th General Assembly

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Daily Activity Planner for Tuesday, August 2

Legislative Committees

Senate Agriculture (Committee Record), House Agriculture & Rural Development (Committee Record) (Chr. Hite, C., 466-8150, Chr. Hill, B., 644-6014), Donahey Nationwide Ag./Hort. Building, Ohio State Fairgrounds, 10 a.m.

- Testimony from Virgil Strickler, General Manager of the Ohio State Fair; Jack Fisher, Executive Vice President of the Ohio Farm Bureau Federation; Dave Daniels, Director of the Ohio Department of Agriculture; Jim Zehringer, Director of the Ohio Department of Natural Resources; Craig Butler, Director of the Ohio Environmental Protection Agency; Dean Rustin Moore, DVM, PhD, The Ohio State University College of Veterinary Medicine and Mary Buehler, Ohio Fair's Queen/FFA State President

House Rules & Reference (Committee Record) (Chr. Amstutz, R., 466-1474), Rm. 119, 1:30 p.m.

House Session (Chr. Rosenberger, C., 466-3357), House Chamber, 2:30 p.m.

- Session to fill vacancies in the 3rd and 47th House Districts

Agency Calendar

Construction Industry Licensing Board, OCILB Conf. Rm., 6606 Tussing Rd., Reynoldsburg, 10 a.m. (Electrical Section)

Board of Building Appeals, Training Rm. 1, 6606 Tussing Rd., Reynoldsburg, 12:30 p.m.

Event Planner

Rep. Rick Perales (R-Beavercreek) fundraiser, 21 W. Broad Street, 7th Floor, Columbus, 12 p.m., (Chair: \$1,000; Host: \$500; Sponsor: \$350 to Citizens for Perales)

17 S. High St., Suite 630

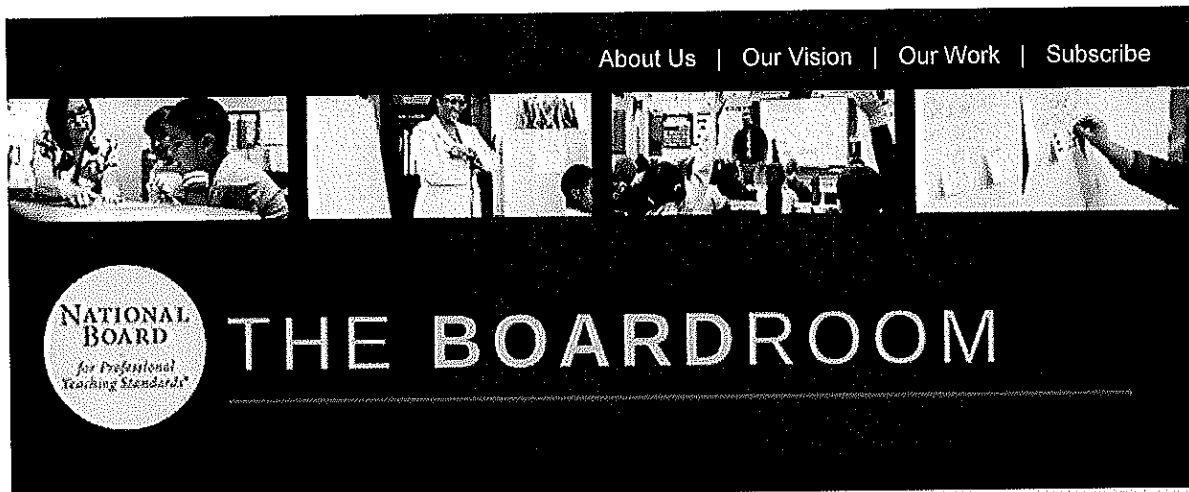
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From: National Board for Professional Teaching Standards (Do Not Reply)
Sent: Thursday, August 18, 2016 5:38 PM
To: Alexander, Steven
Subject: The Boardroom: August 2016



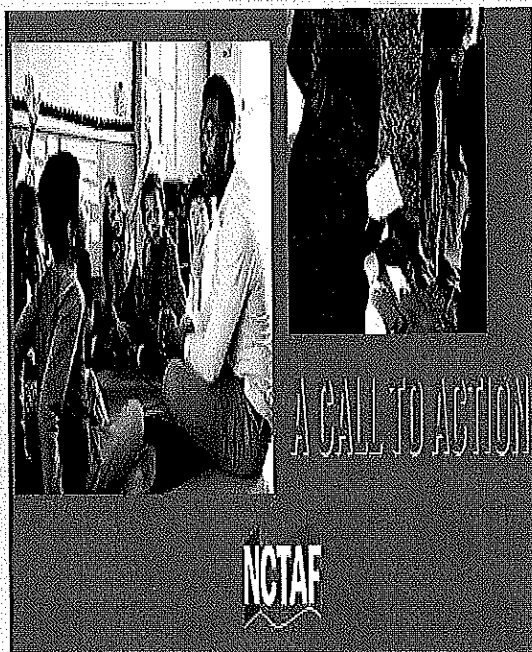
August 2016

Steven,

It's that time of the year again! Depending on where you live, the school year has or will soon begin. The end of summer is the start of a familiar cycle - you're rejuvenated thanks to summer learning, projects and vacations. Teachers and their students from coast to coast feel a special energy, and experience nerves and high hopes for what awaits them. Those high hopes are present at the National Board, too, as more than 12,000 candidates continue their pursuit of "NBCT." This issue of *The Boardroom* focuses on what's happened this summer, what lies ahead, opportunities and a renewed focus on practical ideas for teachers.

STAY CONNECTED

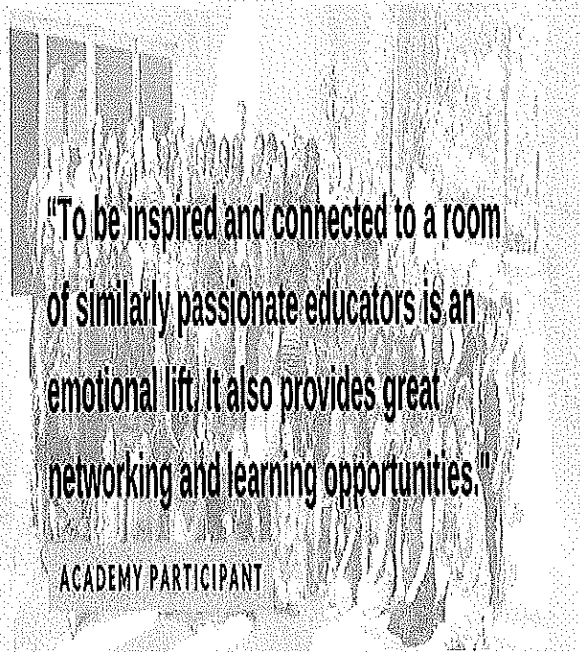
BUILDING THE CONTINUUM



#WhatMattersNow

Last week the National Commission on Teaching and America's Future (NCTAF) released "[What Matters Now](#)," which argues that while there have been significant improvements in education since the release of their seminal report "What Matters Most" 20 years ago, the progress has been uneven. They offer recommendations for systemic change in states and districts, which includes encouraging teacher-led professional learning aligned with professional teaching standards. Geneviève DeBose, NBCT, gave the keynote address at the release event.

[WATCH THE KEYNOTE](#)



Leveraging Leadership and Inspiring Action

The 2016 National Board Academy was held in Las Vegas, Nevada from July 10-12. This annual event aims to engage stakeholder collaboration, provide a platform to share ideas and create a space to build plans to bring accomplished teaching and National Board Certification to scale. This year's theme was "Leveraging Leadership and Inspiring Action." Of the 184 attendees, 137 were NBCTs from 36 states across the nation. Participants connected with peers to learn more about innovative models and build action-oriented team plans for the 2016-2017 school year.

[STORIFY RECAP](#)

IN THE SPOTLIGHT

Accomplished Teachers Win Award for Teaching Excellence

Next February, 43 educators from across the country will receive the NEA Foundation's [California](#)

Casualty Award for Teaching Excellence. The prestigious award is given to educators for their dedication to the profession, community engagement, professional development, attention to diversity and advocacy for fellow educators. Twelve of the award recipients are NBCTs.

Agents for Learning

In late July, 55 teachers, including 17 NBCTs, gathered in downtown Chicago as part of the Agents for Learning Competition. Twelve teams of teachers from across the country discussed the best ways states and districts can invest their ESSA funds to support professional learning. The presentations can serve as resources as you advocate in your own state and district for the best ways to invest in professional learning. Check out our ESSA page for additional resources.



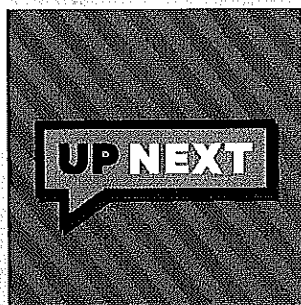
TEACHERS CORNER



LEARN MORE

How to Kick Off the School Year as a Rookie (or a Mentor)

New teacher orientation often leaves out the top subject on teachers' minds: The first day of school, says Roxanne Elden, NBCT. That's why she created *The School Year Starter Kit* a free, three-day email series to help newbies cut through information overload and focus on the few, basic things that will most help them prepare for their first day. The kit also offers much-needed reinforcement for those serving as mentors for beginning teachers.



Free college support - through texts to students

First Lady Michelle Obama recently launched Up Next, Better Make Room's text messaging campaign that gives students and families free personalized support on all things college - college search and application, federal student aid and even student loan repayment. The campaign is evidence-based and low-cost, and research has shown that it can significantly increase students' college enrollment and persistence - if students sign up. This is where you come in. Encourage your students to sign up! All they have to do is text "college" to 44044.

SIGN UP

WHAT WE'RE READING

There's No Time to Lose

The National Conference of State Legislatures recently released "[No Time to Lose: How to Build a World-Class Education System State by State](#)." The report is the result of an 18-month study by a bipartisan group of 28 legislators and legislative staff. Marc Tucker, President and CEO of the National Center on Education and the Economy, summarizes the report in this [blog post](#).

Looking Ahead to the 2016 Election

Wondering where the presidential nominees stand on education? Education Week has got you covered. Here are two recent articles on [education priorities](#) and [potential US Secretary of Education picks](#) of Democratic nominee, Hillary Clinton, and Republican nominee, Donald Trump.

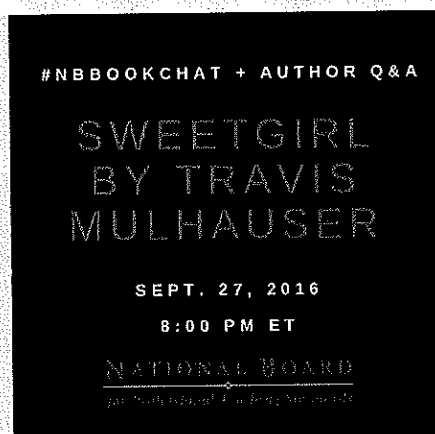
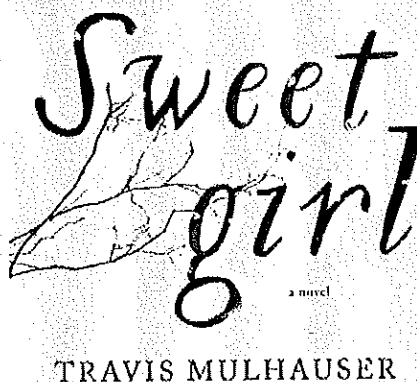
Mark Your Calendars for the Next #NBBookChat:

Date: September 27, 2016

Time: 8:00 p.m. ET

Book: *Sweetgirl* by Travis Mulhauser

ADD TO CALENDAR



On *The Standard*

- [Opening My Door as a Candidate for Board Certification](#) by Kelly Pace
- [Accomplished Teaching and the Growth Mindset](#) by Amber Chandler, NBCT
- [Taking Responsibility for Professional Practices](#) by David Cohen, NBCT

- [A Call for Peace-Based Teacher Leadership](#) by Jennifer Dines, NBCT
- [NBCTs Take a Stand in Support of Educational Policies](#) by Java Robinson, NBCT
- [What They Don't Seem to Understand About Certification](#) by Corey Oliver, NBCT
- [To Transform Schools, Slow Down](#) by Mark Gardner, NBCT
- [Religious Tolerance: Teaching the Teachers](#) by Chris Murray, NBCT
- [Letting Go of "We've Always Done it This Way"](#) by David Cohen, NBCT

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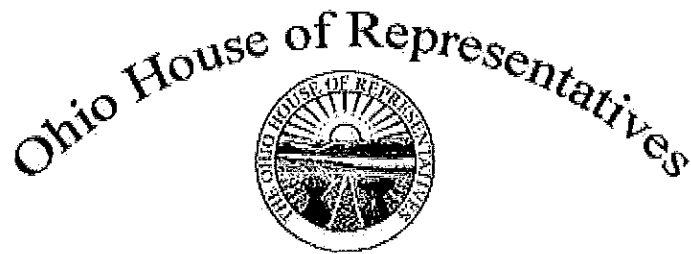
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for Professional Teaching Standards

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From: Rosenberger, Cliff
Sent: Tuesday, April 11, 2017 8:33 AM
To: Rosenberger, Cliff
Subject: MEMO: 2017 ALEC Spring Task Force Summit
Attachments: ALECSpringTaskForce.pdf



Cliff Rosenberger
Speaker, Ohio House of Representatives

Memorandum

To: All House Republican Members
From: Speaker Cliff Rosenberger
Date: April 11, 2017
Re: 2017 ALEC Spring Task Force Summit

As many of you already know, the American Legislative Exchange Council is America's largest nonpartisan, voluntary membership organization of state legislators dedicated to the principles of limited government, free markets and federalism. Comprised of nearly one-quarter of the country's state legislators and stakeholders from across the policy spectrum, ALEC members represent more than 60 million Americans and provide jobs to more than 30 million people in the United States.

On May 5, 2017, ALEC will be hosting their Spring Task Force Summit, located in Charlotte, North Carolina. This one-day summit will give participants the opportunity to collaborate with legislative leaders from across the country on some of the following issues:

- Civil Justice

- Commerce, Insurance and Economic Development
- Communications and Technology
- Criminal Justice Reform
- Education and Workforce Development
- Energy, Environment and Agriculture
- Health and Human Services
- Tax and Fiscal Policy

I can personally attest to the benefit of working with leaders from across our great country to find solutions to common issues. If you are interested in joining ALEC and participating in the 2017 Spring Task Force Summit, I encourage you to visit their website at <https://www.alec.org/>.

If you have any questions or concerns, please do not hesitate to reach out to me or to Tyler Yapple in my office at Tyler.Yapple@ohiohouse.gov or 614-466-7959.



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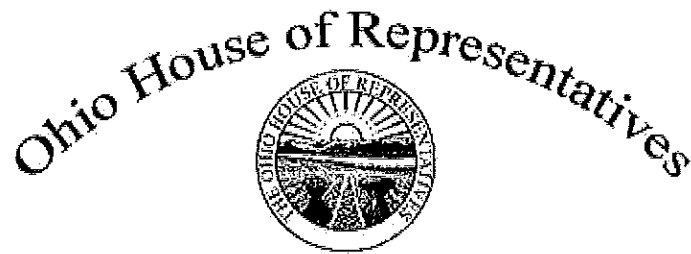
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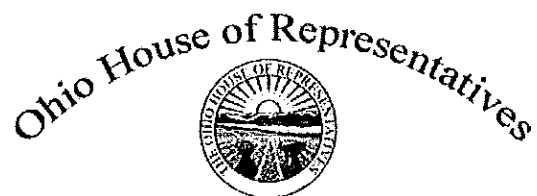
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If you have any questions or concerns, please do not hesitate to reach out to me or to Tyler Yapple in my office at Tyler.Yapple@ohiohouse.gov or 614-466-7959.



Cliff Rosenberger
Speaker, Ohio House of Representatives

Memorandum

To: All House Republican Members
From: Speaker Cliff Rosenberger
Date: April 11, 2017
Re: 2017 ALEC Spring Task Force Summit

As many of you already know, the American Legislative Exchange Council is America's largest nonpartisan, voluntary membership organization of state legislators dedicated to the principles of limited government, free markets and federalism. Comprised of nearly one-quarter of the country's state legislators and stakeholders from across the policy spectrum, ALEC members represent more than 60 million Americans and provide jobs to more than 30 million people in the United States.

On May 5, 2017, ALEC will be hosting their Spring Task Force Summit, located in Charlotte, North Carolina. This one-day summit will give participants the opportunity to collaborate with legislative leaders from across the country on some of the following issues:

- Civil Justice
- Commerce, Insurance and Economic Development
- Communications and Technology
- Criminal Justice Reform
- Education and Workforce Development
- Energy, Environment and Agriculture
- Health and Human Services
- Tax and Fiscal Policy

I can personally attest to the benefit of working with leaders from across our great country to find solutions to common issues. If you are interested in joining ALEC and participating in the 2017 Spring Task Force Summit, I encourage you to visit their website at <https://www.alec.org/>.

If you have any questions or concerns, please do not hesitate to reach out to me or to Tyler Yaple in my office at Tyler.Yaple@ohiohouse.gov or 614-466-7959.

From: Kaiser Health News
Sent: Thursday, July 27, 2017 3:45 AM
To: Alexander, Steven
Subject: KHN First Edition: July 27, 2017

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KHN First Edition

KAISER HEALTH NEWS

Thursday, July 27, 2017

Check Kaiser Health News online for the latest headlines

Today's early morning highlights from the major news organizations.

Kaiser Health News: How To Get Long-Term Care At Home Without Busting The Bank

The vast majority of older adults receive long-term care at home, not in nursing homes. But few people plan for this expense. Nor do they see long-term care insurance as a viable option — because it's expensive and is often seen as protection against the cost of nursing home care. (Graham, 7/27)

California Healthline: When High Deductibles Hurt: Even Insured Patients Postpone Care

In November 2015, Tina Heck was in her garage lifting 40-pound bags of wood pellets to fuel her heating stove, when something went very wrong with her back. "The next day, I could barely walk," said the 55-year-old who lives on an acre of land in Nevada City, Calif., 60 miles northeast of Sacramento. The cause: a bulging disc in her lower spine, which shoots pain down her leg and makes her back stiff. (Bartolone, 7/27)

Kaiser Health News: Medicaid Proves A Lifeline For Clients Of Crisis Pregnancy Centers

When Taylor Merendo moved to Bloomington, Ind., nearly two years ago, fleeing an abusive marriage, she needed help. "I was six months pregnant and, at that point in time, I really didn't have a stable place to live," Merendo said. That's where the Hannah Center in Bloomington stepped in. It's what's known as a crisis pregnancy center, where women are counseled against abortion and often get support after their babies are born. (McCammon, 7/27)

The Associated Press: GOP Senators Blink On A Big Chance To Repeal 'Obamacare'

After seven years of emphatic campaign promises, Senate Republicans demonstrated they didn't have the stomach to repeal "Obamacare" on Wednesday when it actually counted. The Senate voted 55-45 to reject legislation to throw out major portions of Barack Obama's law without replacing it. (7/26)

The New York Times: Senate Soundly Rejects Repeal-Only Health Plan

The rejection of "clean repeal" laid bare the deep divisions within the Republican caucus about how best to proceed. The night before, nine Republicans, including both conservatives and moderates, voted against comprehensive legislation to repeal the health law and provide a replacement. Without the votes to replace the health law or to simply repeal major parts of it, Senate Republicans appeared increasingly likely to try to pass a modest measure that would repeal only a few provisions of the law, such as the tax on medical devices and the requirements that most individuals have insurance and that large employers offer coverage to workers. (Kaplan, 7/26)

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The Associated Press: GOP Eyes Narrow Bill To Advance Goal On 'Obamacare' Repeal

They couldn't pass a repeal of "Obamacare," or find the votes for a White House-backed replacement. So now Senate Republicans are lowering their sights and trying to unite behind a so-called "skinny repeal" that would merely undo just a few of the most unpopular elements of Barack Obama's law. The "skinny bill" is an admittedly lowest-common-denominator approach, and it may not even have the votes to pass, either. But as Republicans search for how to keep their years-long effort to repeal and replace "Obamacare" alive, they're coming to believe that the "skinny bill" may be the only option left. (7/27)

Politico: 'Skinny' Obamacare Repeal Still Lacks Votes To Pass

Even a bare-bones repeal of Obamacare is no sure thing in the Senate. A handful of key Republican senators who had spurned earlier overtures from GOP leadership endorsed the latest plan to gut Obamacare's individual and employer coverage mandates and its medical device tax. But several centrists said they're undecided on the so-called skinny repeal, leaving the GOP in limbo through at least the end of the week. (Everett, Haberkorn and Kim, 7/26)

The Washington Post: GOP Momentum Grows For More Modest Plan To Overhaul Obamacare

Top Republicans such as Sen. John Thune (S.D.), the chamber's third-ranking

Republican, said that although leaders have not yet found "the sweet spot" between conservatives and centrists, they had picked up support for a more modest plan because it did not include deep cuts to Medicaid. Some Republican senators were simply open to any legislation that could keep alive the roller-coaster push for an overhaul. (Eilperin, Snell and Sullivan, 7/26)

The Wall Street Journal: Senate GOP's Fallback Plan Gains Support After Vote To Repeal Health Law Fails

Republican senators said they recognized passing a "skinny repeal" would essentially postpone tough decisions on health care until later, but they seized on it as potentially their best option as the Senate this week began considering and rapidly discarding other plans, with no alternative appearing likely to attract the 50 Republican votes needed to pass. (Peterson, Hackman and Armour, 7/26)

Los Angeles Times: Running Out Of Options To Overhaul Obamacare, Senate Republicans Ponder A 'Skinny' Repeal

"I've got to think about moving things along to get to conference to hopefully get a good product," said Sen. Charles E. Grassley (R-Iowa), who viewed the skinny alternative as a step toward something more comprehensive. On Wednesday, GOP senators spent another frustrating and fruitless day debating and rejecting possible approaches. After voting down their leaders' most comprehensive overhaul plan a day earlier, Republicans rejected another long-standing GOP idea on Wednesday: to simply repeal most of Obamacare. (Mascaro, 7/26)

The Washington Post: The Senate's Possible 'Skinny Repeal' Of Obamacare Faces Skepticism In The House

Some in the Senate have suggested that the downsized bill would represent a bridge to a conference committee, where the two chambers would meet to resolve their differences. But House Republicans who fought tooth and nail over the course of months earlier this year to expand the scope of the repeal legislation are saying "fat chance" to the skinny repeal — including key members on the conservative and moderate ends of the GOP — and say it is difficult to see what legislative product could span the divide between the chambers. (DeBonis, 7/26)

Politico: House GOP Wary Of 'Skinny' Repeal

House Republicans say they understand the complicated intraparty dynamics of the Senate, where several moderate GOP senators don't want to repeal Obamacare without replacing it. Yet they privately worry that a number of vulnerable House Republicans have already taken tough votes ~~for~~ cutting \$800 billion from Medicaid, for instance — that their Senate GOP colleagues refuse to support, exposing those House

members to serious political jeopardy in November 2018. (Bresnahan and Haberkorn, 7/26)

The Wall Street Journal: Insurers Warn About Lack Of Coverage Mandate In Senate's 'Skinny Repeal' Option

Health insurers came out strongly against the idea of any bare-bones health-care bill that would repeal the ACA's coverage mandate without other measures aimed at stabilizing the law's insurance exchanges. "If there is no longer a requirement for everyone to purchase coverage, it is critical that any legislation include strong incentives for people to obtain health insurance and keep it year-round," the Blue Cross Blue Shield Association said in a statement. "A system that allows people to purchase coverage only when they need it drives up costs for everyone." (Armour, Wilde Mathews and Hackman, 7/26)

Politico: 'Skinny' Repeal Could Have Big Ramifications For Obamacare Markets

Senate Republicans are hoping a "skinny" repeal bill can solve their stalemate over dismantling Obamacare. But this partial Obamacare repeal — which is gaining steam in the Senate — could destabilize already wobbly Obamacare insurance markets, make premiums jump and increase the number of uninsured by millions, health policy experts say. "I call it the 20-percent-increase-in-premiums-and-at-least-15-million-out-of-insurance plan," Sen. Claire McCaskill (D-Mo.) said. "It's a terrible idea." (Demko, 7/26)

Los Angeles Times: Obamacare 101: Would A 'Skinny Repeal' Trigger A Death Spiral?

Few experts believe that the employer mandate has had much effect, largely because the vast majority of large employers already provide health benefits. In fact, when the Obama administration delayed implementation of the mandate, there was little evidence that employers started dropping coverage. Repealing the so-called individual mandate is potentially more problematic. Independent analyses by the Congressional Budget Office, or CBO, and others suggest that without some kind of penalty, many healthy Americans would not get insurance until they were sick. That would push up health insurance costs, causing what people in the business call a death spiral. (Levey, 7/26)

The Associated Press: Trump Lashes Out At Alaska Senator Over Health Care Vote

President Donald Trump on Wednesday lashed out at a Republican senator who opposed moving forward with long-promised legislation to repeal and replace "Obamacare." "Senator @lisamurkowski of the Great State of Alaska really let the Republicans, and our country, down yesterday. Too bad!" Trump tweeted. (7/26)

The New York Times: Lisa Murkowski, A Swing Vote On Health Care, Isn't Swayed

Lisa Murkowski had heard enough. As President Trump pressed her and her fellow Senate Republicans last week to fall in line behind a repeal of the Affordable Care Act in the interest of party loyalty and protecting the Republican brand, she felt compelled to speak up. "With all due respect, Mr. President," she said, according to some of the people at the private White House lunch, "I didn't come here to represent the Republican Party. I am representing my constituents and the state of Alaska." (Hulse, 7/26)

The New York Times: Republican Gamble On Fast-Track Rules For Health Care Hits Wall

With the economy stagnating and Congress bridling at President Richard Nixon's heavy-handed spending controls, lawmakers in 1974 created a fast-track procedure to help make the tough decisions on rising budget deficits and swelling entitlement spending. Since then, that process — called reconciliation — has been warped for many purposes, including large tax cuts, but never has it been used for the kind of complex policy making that Republicans are trying to do now with health care. And it is showing. (Pear, 7/26)

Politico: Dems To GOP: No Amendments Until You Show Us Your Bill

Senate Democrats are taking their ball and going home in the looming health care vote-a-rama — until Republicans finally cough up their actual Obamacare repeal plan. Fed up with the GOP's constant vacillations over how to dismantle Obamacare, Democrats say they will hold back on offering any more amendments in the health care floor fight until Senate Majority Leader Mitch McConnell (R-Ky.) shows what plan the GOP will ultimately coalesce around. (Kim, 7/26)

USA Today: Democrats Seize On John McCain's Message In Health Care Fight

Democrats are seizing on GOP Sen. John McCain's call for a back-to-the-drawing-board approach to health care reform, with committee hearings and input from both parties if the GOP bill fails. The Arizona Republican's message — delivered Tuesday during his dramatic return to the Senate after revealing he has brain cancer — bolstered Democrats' long-running complaints about being cut out of the process. (Guadiano, 7/26)

The Washington Post: Sanders Won't Vote For Republican 'Single-Payer' Amendment

A spokesman for Sen. Bernie Sanders (I-Vt.) said Wednesday night that he and other members of the Democratic caucus would reject an amendment to the Republican

health-care bill designed to smoke out support for single-payer health care. The amendment proposed by Sen. Steve Daines (R-Mont.), said a Sanders spokesman, was a "sham" that could be ignored. (Weigel, 7/26)

The New York Times: Former Obama Aides Lead Opposition To Health Care Repeal

Several former Obama administration officials were on their regular Wednesday morning conference call this week, plotting against Republican efforts to repeal the Affordable Care Act, when Tom Price, the secretary of health and human services, said on CNBC that his party should shoot for "the lowest common denominator" on health care. (Shear and Pear, 7/27)

USA Today: Senate Health Care Debate Adds Stress For Chronically Ill Patients

They have injured spines, costly cancers and risky conditions including epilepsy and diabetes. But what many people with chronic health conditions are focused on this week is taking place in Washington. As they watch the Senate's fast-changing health care debate, they're worried about whether they will still be covered and whether their premiums will go up or down. (O'Donnell, 7/27)

The Wall Street Journal: Anthem Seeks Clarity From Health Law Debate

Anthem Inc. said that if it doesn't quickly get more certainty about the future of the Affordable Care Act exchanges, it will likely further pull back its planned participation for next year, a threat that adds to the pressure on Senate Republicans as they struggle to pass health-care legislation. (Wilde Mathews, 7/26)

NPR: 'Sky-High' Pay For CEOs Of Health Care Firms Raises Questions

In the seven years since the Affordable Care Act was passed, CEOs of U.S. health care companies have made a lot of money. Their compensation far outstrips the wage growth of nearly all Americans, according to reporter Bob Herman, who published an analysis this week of "the sky-high pay of health care CEOs" for the online news site, Axios. (Siegel and Columbus, 7/26)

The New York Times: Trump Says Transgender People Will Not Be Allowed In The Military

President Trump abruptly announced a ban on transgender people serving in the military on Wednesday, blindsiding his defense secretary and Republican congressional leaders with a snap decision that reversed a year-old policy reviled by social conservatives. Mr. Trump made the declaration on Twitter, saying that American forces could not afford the "otremendous medical costs and disruption" of transgender service members. He said he had consulted generals and military experts,

but Jim Mattis, the defense secretary, was given only a day's notice about the decision. (Davis and Cooper, 7/26)

The Washington Post: Trump Announces That He Will Ban Transgender People From Serving In The Military

Trump's decision comes two weeks after the House rejected an amendment to the annual defense policy bill that would have blocked the Pentagon from offering gender transition therapies to active-duty service members. Twenty-four Republicans joined 190 Democrats voting to reject the measure. But conservative lawmakers — many of them members of the House Freedom Caucus — had threatened to withhold support for a spending bill if Congress did not act to prohibit the Pentagon from paying for the procedures. The impasse broadly threatened government spending, but most importantly for Trump, it potentially held up money that had been appropriated for the border wall between the United States and Mexico, a key promise he had made during the campaign. (Phillip, Gibbons-Neff and DeBonis, 7/26)

Politico: Inside Trump's Snap Decision To Ban Transgender Troops

After a week sparring with his attorney general and steaming over the Russia investigation consuming his agenda, President Donald Trump was closing in on an important win. House Republicans were planning to pass a spending bill stacked with his campaign promises, including money to build his border wall with Mexico. But an internal House Republican fight over transgender troops was threatening to blow up the bill. (Bade and Dawsey, 7/26)

NPR: 5 Unanswered Questions About Trump's 'Ban' On Transgender Troops
Here's a look at 5 questions Trump raised with his tweets. (Ewing, 7/27)

The Washington Post: Hill Democrats Slam Trump's Military Transgender Ban, While GOP Is Caught By Surprise

Lawmakers in both parties slammed President Trump's decision on Wednesday to bar transgender Americans from serving in the military, while many of his allies on Capitol Hill remained largely perplexed or silent. The president's decision, announced in a series of tweets, is yet another move that confused and divided elements of his party at a time when it is already roiled by disagreements over the future of a proposed health-care overhaul and of embattled Attorney General Jeff Sessions, who has faced a barrage of criticism from Trump in recent days. (DeBonis and O'Keefe, 7/26)

The Washington Post: GOP Reps. Comstock, Taylor Votes On Transgender Issue Reflect Political Landscape Under Trump

President Trump's decision to ban transgender individuals from serving in the military highlights recent votes on a related issue by two Republican members of Congress

from Virginia whose districts are being targeted by Democrats in 2018. They took opposite stances on a measure that would have blocked an Obama-era practice requiring the Pentagon to pay for gender transition surgeries and hormone therapy. The "Hartzler amendment" — named after Rep. Vicky Hartzler (R-Mo.), who proposed adding it to the annual defense policy bill — failed by a vote of 214 to 209. (Portnoy, 7/26)

Politico: VA's Shulkin Was 'Unaware' Trump Would Announce Transgender Ban
Veterans Affairs Secretary David Shulkin said Wednesday that he "was not aware" that President Donald Trump would announce on Twitter that he was barring transgender people from serving in the military. (Siu, 7/26)

The New York Times: For Transgender Service Members, A Mix Of Sadness, Anger And Fear

Joining the Navy was one of the best decisions Alec Kerry said she had ever made. The other was coming out as transgender. "The Navy taught me how people can come together and work hard to achieve something bigger than themselves," said Petty Officer Kerry, 24, who is training to operate nuclear reactors and soon plans to adopt the name Eva. "Strangely enough, I think what the Navy taught us about integrity was what gave me the courage to come out. I had to be honest about who I was with myself and the people I served with." (Philipps, 7/26)

The Associated Press: Trump's Military Transgender Ban Prompts LGBT Outrage
Most LGBT-rights activists never believed Donald Trump's campaign promises to be their friend. But with his move Wednesday to ban transgender people from military service, on top of other actions and appointments, they now see him as openly hostile. (7/27)

Los Angeles Times: Transgender Veterans Outraged By Trump's Sudden Ban On Military Service

Carla Lewis enlisted in the U.S. Air Force in 1990. But the next year, after a background check for a top-secret position revealed that she had seen a counselor for gender identity issues, she was honorably discharged for what her military papers described as "Conditions That Interfere With Military Service — Not Disability — Mental Disorders." (Pearce, 7/26)

The Washington Post: These Experimental Treatments Target Brain Cancer Like John McCain's

When Sen. John McCain (R-Ariz.) returned to work Tuesday, he seemed his tough old self, saying it would be hard to call the Senate the "world's greatest deliberative body" with a straight face. He added he was headed home soon for treatment for the

aggressive brain cancer recently discovered during surgery. McCain hasn't announced his medical care plans, but for most patients, the first-line treatment for glioblastoma is radiation and chemotherapy. But if the cancer recurs, as it usually does, what then? (McGinley, 7/26)

The Wall Street Journal: AstraZeneca Faces Major Setback Over Cancer Drugs

AstraZeneca said a combination of two of its new oncology drugs failed to shrink lung cancer tumors in a closely watched clinical trial, casting doubt on a central part of the company's ambitious growth plans. The trial, dubbed Mystic, centered on the combination of two immuno-oncology drugs, which are designed to boost the immune system's ability to eradicate cancer cells. AstraZeneca said the combination was no better than standard chemotherapy at shrinking tumors in advanced lung cancer. (Roland, 7/27)

The Wall Street Journal: Glaxo Slashes R&D Projects To Focus On Top Prospects

GlaxoSmithKline axed more than 30 drug-research projects to focus on four key disease areas, in a push by new Chief Executive Emma Walmsley to sharpen the company's research-and-development operations. U.K.-based Glaxo said Wednesday it would now focus its research on respiratory diseases, HIV and other infectious diseases, cancer and immuno-inflammatory conditions. (Roland, 7/26)

Los Angeles Times: USC President Admits University 'Could Have Done Better' In Handling Reports Of Medical School Dean'S Drug Use

USC President C.L. Max Nikias acknowledged Wednesday that the university "could have done better" in its handling of a former medical school dean who a Times investigation found took drugs and associated with criminals and drug abusers. Nikias didn't detail how the university could have done more but said USC currently has "only loosely defined procedures and guidelines for dealing with employee behavior outside the workplace." He announced a new committee that would look at strengthening those procedures. (Hamilton, Pringle and Parvini, 7/26)

NPR: Health Care Facilities Lag In Fending Off Hacking Attacks

In the neonatal intensive care unit of Cook Children's Hospital in Fort Worth, Texas, a father is rocking a baby attached to a heart monitor. While doctors roam the halls trying to prevent infections, Chief Information Officer Theresa Meadows is worried about another kind of virus. "The last thing anybody wants to happen in their organization is have all their heart monitors disabled or all of their IV pumps that provide medication to a patient disabled," Meadows says. (Silverman, 7/26)

The New York Times: Case Of Zika Virus, Likely Spread By Mosquito, Is Reported In Texas

For the first time since last fall, officials in Texas have reported what they believe is a case of mosquito transmission of the Zika virus within the state's borders. If correct, it would be the first known instance of local mosquito transmission within the continental United States this year. (McNeil, 7/26)

The Associated Press: Texas Nurse Gets 4 Years In Prison In \$375M Health Care Scam

A registered nurse in Texas must serve four years in federal prison for her role in what prosecutors call a health care scam involving nearly \$375 million in false claims. (7/26)

USA Today: Contaminants In Water Are Legal But Still Pose Big Health Risks, Environmental Group Says

Contaminants detected in water samples throughout the country pose health risks but are perfectly legal under the Safe Drinking Water Act, according to data released Wednesday by an environmental advocacy group. "Most people turn on their tap water and think: It's clear, I live in America, we have these laws, I'm being protected," said Nneka Leiba, director of the Healthy Living Science Program for the Environmental Working Group (EWG). "What people don't realize is that there have been no additions to the list of regulated chemicals for drinking water since 1996." (Toy, 7/26)

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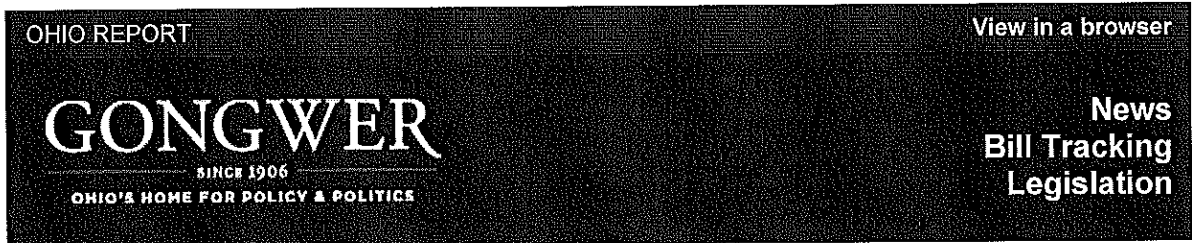
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From: Gongwer News Service
Sent: Thursday, May 10, 2018 3:40 PM
To: Alexander, Steven
Subject: Ohio Report, Thursday, May 10, 2018
Attachments: May10.htm; 180510dayplan.htm; May11Schedule.htm



OHIO REPORT THURSDAY, MAY 10

State Auditor: ECOT Officials May Have Engaged In Criminal Activity

**Democrats Seek To Anchor Republican Candidates To Online School
Faulted In Audit**

Medicaid Officials Detail Safeguards For Managed Care Expansion

**Administration Points To Improvements In Behavioral Health Redesign
Payments**

Retirement Study Council Approves 2019 Budget

**State Offers Guidance On Mental Health, Firearms; Chronic Pain Rule
Available For Comment...**

**Agency Briefs: AG Approves Petition For Legalized Pot Issue; Arts
Council Gets Nearly \$1 Million NEA Grant; Auditor; ODA; DAS**

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Volume #87, Report #91 -- Thursday, May 10, 2018

State Auditor: ECOT Officials May Have Engaged In Criminal Activity

State Auditor Dave Yost on Thursday referred his office's audit of the Electronic Classroom of Tomorrow for potential prosecution before blasting the Department of Education's oversight of the now-shuttered e-school and calling for stricter state laws on such entities.

The auditor's report determined that ECOT failed to provide documents proving students were using their computers for educational purposes for the hours it requested payment for during the 2016-17 school year. The audit found that although the school used tracking software known as ActivTrak to record what websites and programs students were using and how long they were using them, it did not provide all of that data to ODE.

Mr. Yost also issued findings for recovery on nearly \$250,000 that ECOT-related entities spent on political advertising as the General Assembly was considering new measures to regulate charters and ODE was looking to claw back payments made to the online school.

The audit's release kicked off another round of criticism from Democrats who accused Republican leaders of failing to oversee ECOT and prompted several Republican statewide candidates to donate money their campaigns had previously received from school leaders (*See separate story*).

Mr. Yost called information garnered from ActivTrak "the smoking gun" in his office's investigation into ECOT, which ended with him referring the findings to the Franklin County Prosecutor's Office and U.S. Attorney's Office.

"For the first time, we can prove that ECOT submitted information to ODE in order to get paid that it knew to be false when it was submitted," Mr. Yost said.

After ODE requested information on student participation at the e-school, Mr. Yost said ECOT provided "meaningless and unreliable information ...that ODE inexplicably accepted." He said department officials should have pushed for more information from the school.

"I would not have accepted the watered-down, blanked-out spreadsheets that were submitted to ODE," he said.

In a statement, Mr. Yost went further to challenge the department's handling of the e-school.

"With the level of incompetence displayed by both the school and ODE, the regulator, it's amazing that any money went to education whatsoever," he said.

ODE spokeswoman Brittany Halpin in a statement pushed back against the auditor's claim that the department mishandled its oversight of ECOT.

"No one has held ECOT more accountable for the education of students than the Department of Education, and our work to return approximately \$80 million to Ohio's taxpayers continues," she said.

Ms. Halpin said department officials "repeatedly questioned and subsequently rejected portions of ECOT's data."

ECOT closed in January after the State Board of Education voted the previous summer to claw back \$60 million from the school after an audit found it over-reported its full-time enrollment for the 2015-16 school year. The panel earlier this year tacked on another \$19 million to the school's debt, claiming it again overstated enrollment for 2016-17. (See Gongwer Ohio Report, February 12, 2018)

The e-school has filed two appeals with the Ohio Supreme Court, claiming ODE and the State Board of Education acted improperly in the lead-up to its closure. (See Gongwer Ohio Report, April 16, 2018)

Along with a referral for possible prosecution, the auditor's office issued a finding for recovery of \$249,962. The amount reflects an invoice submitted to ECOT in 2017 for a political ad buy that eventually was paid by Third Wave Communications, according to the auditor's report.

Mr. Yost said Third Wave Communications shares common ownership with other ECOT-linked businesses, leading auditor's investigators to conclude it paid the invoice in order to disguise ECOT's role in purchasing the advertising, which targeted the ODE and state lawmakers.

Karl Schneider, an attorney representing Third Wave Communications, said in a statement the finding for recovery was "meritless" and the result of a political frenzy around ECOT. He said Third Wave plans to challenge the finding.

"Mile-wide, inch-deep investigations have a tendency to lead to unsubstantiated conclusions that generally fail when tested with evidence in the court system, which is the case here," he said.

The auditor said ECOT officials also declined in April to sign a routine letter stating they provided all information necessary for the completion of the audit and that they had informed auditor's investigators of any possible fraud or illegal actions.

Auditor Yost said he anticipates his office will offer legislative recommendations based on the audit of ECOT, which likely will focus on preventing conflicts of interest and

promoting transparency among e-schools and the companies that manage them. He said the legislature also should look into whether funding such schools based on the time their students spent in class makes sense.

"Online learning needs to go to a learning-based, or achievement-based funding mechanism," he said.

Senate President Larry Obhof (R-Medina) said Thursday afternoon he is proud of legislation passed in 2015 (HB 264) that overhauled the state's accountability system for charter schools, which he said is working. He said he had not read the auditor's report, but would be open to recommendations from Mr. Yost.

"I'd be happy to sit down with him and talk about that," Mr. Obhof said.

A message seeking comment from ECOT's attorney was not returned prior to deadline.

Democrats Seek To Anchor Republican Candidates To Online School Faulted In Audit

On the day Auditor Dave Yost announced he was referring his audit of the Electronic Classroom of Tomorrow's finances to prosecutors, Democrats made hay out of Republicans' ties to the defunct e-school.

Former federal prosecutor Steve Dettelbach, Mr. Yost's Democratic opponent for the office of attorney general, in a series of tweets Thursday again called on Yost to recuse himself from ECOT-related matters and questioned the timeline that led up to the referral.

"Dave Yost's excuses for why he couldn't refer the case are a flat out joke. I was a federal prosecutor for 20 years. Fraud cases don't get better with age," Mr. Dettelbach wrote.

At a press conference for the release of the report, Auditor Yost defended the timing of the referral.

"The criminal referrals always happen at the conclusion or near the conclusion of our work," he said.

David Pepper, chairman of the Ohio Democratic Party, said in a statement the auditor's report jibes with Democrats' previous criticisms of charter schools.

"Finally, after years of pretending otherwise, even the Republican auditor of this state is at long last admitting that one of the central policy directions pursued by Republicans in Ohio for nearly two decades turns out to be a fraudulent scam," he said.

Pepper also accused Yost of taking contributions from ECOT, then "(handing) out awards to ECOT like candy and (ignoring) whistleblowers who came to his office."

Mr. Yost said auditor of state awards are "given under objective criteria," adding ECOT received its awards before the Department of Education imposed standards requiring e-schools to provide data on how long their students spent in class.

"The auditor of state's award has nothing to do with how well you're run," he said. "It has specifically and only to do with whether you meet these criteria, and if you meet them, you automatically get the award."

The auditor also denied accusations his office ignored the claims of a whistleblower who went to ODE and the auditor's office last year alleging the school ordered employees to manipulate enrollment data. Mr. Yost said auditor's officials spoke with him twice and reviewed documents he provided to investigators.

"(The whistleblower's) knowledge was insufficient to base a criminal referral (on) at that time," Mr. Yost said, adding that the auditor's office was "already aware of virtually everything that he said" and working on an audit program to review the school.

The Yost campaign also announced it is donating \$29,395 to charity to offset contributions made by people with ties to ECOT to Mr. Yost's state auditor campaign and transition committee in response to the referral for prosecution.

Allison Dumski, spokeswoman for the campaign of Republican auditor candidate Rep. Keith Faber (R-Celina), said in a statement the campaign is donating \$36,513 to "high quality charter schools" to offset donations from ECOT founder Bill Lager to Faber's prior campaigns.

"As made evident by Auditor Yost's report today, ECOT abused the state's public trust, deceived parents, and most importantly, hurt the thousands of students who sought a quality education," Rep. Faber said in a statement. "Thanks to the strong charter school reforms put in place while I was Senate president and the diligent work of Auditor Yost and his staff, ECOT was caught and is out of business."

Mr. Faber's democratic opponent in the auditor's race, former Congressman Zack Space, called for politicians who took contributions from ECOT or related individuals to give them back in a Thursday-morning tweet.

"Finally, a long overdue referral for prosecution, after YEARS of scamming our tax dollars. Many questions remain, but the biggest: what role did political contributions have in creating or perpetuating this scam? Pols who took ECOT \$ should return it," he wrote.

Sen. Joe Schiavoni (D-Boardman) in a statement said the auditor's announcement was a case of "better late than never."

"However, I am concerned that the auditor avoided acknowledging his own failures to hold ECOT accountable in the past," he said. "The auditor is well aware that the Ohio Department of Education had the power to ask for detailed student attendance data before 2014. That means the data should have existed and Auditor Yost could have asked for it."

Sen. Vernon Sykes (D-Akron) in a statement called for a bipartisan reform effort in regards to e-schools. He said the legislature could start by considering a measure (SB 39) introduced by Sen. Schiavoni in February.

"It is within the legislature's mandate to create a more efficient and effective education system so that Ohio's children have the opportunity to thrive," he said. "Members of the General Assembly have a moral obligation to work together toward bipartisan e-school reform."

Rep. Teresa Fedor (D-Toledo) and Rep. Tavia Galonski (D-Akron) sent a letter to Mr. DeWine requesting the appointment of a special prosecutor to investigate the e-school.

"Taxpayers, students and their families deserve to know the truth about the extent of ECOT officials' criminal activity to defraud the state out of tens of millions of dollars," the letter stated.

Democratic gubernatorial candidate Rich Cordray used the release of the audit as an opportunity to tie his Republican opponent, Attorney General Mike DeWine, to the e-school.

"This is just the latest attempt by Republicans in the Statehouse to whitewash their ECOT scandal," Mr. Cordray said in a statement. "They willfully looked the other way as a billion of our taxpayer dollars went to a politically-connected for-profit charter school instead of to educating Ohio students. In exchange for enabling their scam, Mike DeWine and Jon Husted raked in tens of thousands of dollars in campaign contributions, while our state, taxpayers and children were being defrauded and mistreated."

Joshua Eck, a spokesman for the DeWine/Husted campaign, said in a statement the auditor's report actually shows Republicans are providing oversight of charter schools.

"Mike DeWine and Jon Husted believe that every dollar we invest in education needs only one priority: Helping our kids get off to a great start in life," he said. "Anyone who tries to manipulate that system should be held to account. It's a shame Richard Cordray doesn't understand how Republicans are already imposing that accountability."

Medicaid Officials Detail Safeguards For Managed Care Expansion

Managed care plans and the Ohio Department of Medicaid said Thursday they're ready for the scheduled July 1 carve-in of behavioral health services, although the agency said it has contingency plans in place to alleviate potential problems.

One point of concern for the Joint Medicaid Oversight Committee was one plan's recent struggles meeting the state's prompt pay standards, problems that plans said were not tied to behavioral health.

The move to managed care is the second step in the behavioral health redesign process, and administration officials also argued before JMOC that the first stage - new billing codes - is starting to turn the corner. (*See separate story*)

Although Medicaid officials said they're confident the state's managed care plans will be ready to take on behavioral health services come July, they also detailed a series of safeguards designed to mitigate any issues. (ODM Presentation)

Those protections include a six-month period after the carve-in during which Medicaid members can use any provider for services regardless of who their managed care plan is, said Patrick Stephan, ODM's director of managed care. The period was initially three months but was extended to six months to include an open enrollment period in which members can change managed care plans if they choose.

"Any provider providing services to somebody in the new system will be paid by the managed care plans, no questions asked," Mr. Stephan said.

After that period, providers and plans will still be able to work out single-case agreements if the provider isn't in a plan's network, he said.

Another safeguard is that plans will have to follow the Medicaid program's fee-for-service coverage policies and payment rates through June 30, 2019.

ODM will also develop a post-implementation task force including managed care plans, providers and groups representing providers to identify issues and address them, Mr. Stephan said.

The department will also offer a contingency plan for providers who face problems with billing, similar to a contingency plan offered during the first stage of the redesign, he said. Plans would make a monthly payment for July, August, September and October for providers serving their members equal to 54.6% of the provider's average monthly Medicaid reimbursement in 2016.

Representatives of the five managed care plans told the committee they were each prepared to handle the change in services.

"Improvements for behavioral health in Medicaid will occur July 1 due to managed care carve-in," said Buckeye Health Plan President and CEO Bruce Hill. "Buckeye and the other Medicaid plans have been working closely with our providers for months to ensure a smooth transition."

One managed care organization that JMOC members questioned extensively was CareSource, which is working with ODM to resolve failures to meet the program's prompt pay standards in the second half of 2017.

JMOC Chairman Sen. Dave Burke (R-Marysville) asked CareSource to provide its plan of action for resolving prompt pay issues to the committee in the next week.

CareSource Ohio President Steve Ringel said the company would comply and had experienced no problems with prompt pay in behavioral health. He told Rep. Nickie Antonio (D-Lakewood) that the problems stemmed from having insufficient staff, and that they largely occurred in primary care. The plan has offered cash advances where there are significant issues with specific providers, he said.

Rep. Antonio asked ODM officials about the remediation process for prompt pay failures.

When the department identifies problems with a plan, it works with them to identify issues and develop a solution to bring them back into compliance, Mr. Stephan said.

Rep. Mark Romanchuk (R-Mansfield) questioned why it has taken several months for ODM to act on CareSource's issues.

"To me, eight months is a long time, so I would encourage the department to potentially move these triggers up, so we're not six, seven, eight months down the road when we're finally acting in a manner that facilitates change," he said.

Mr. Stephan said both the plan and ODM have taken the issue seriously and are working on solutions. He also said they have considered changing the requirements, which currently mandate plans pay 90% of claims within 30 days and 99% within 90 days.

"Through the balance of this process, it is a topic that we are looking into," he said.

Administration Points To Improvements In Behavioral Health Redesign Payments

State Medicaid officials argued Thursday that the first step in the behavioral health redesign process, a move to new billing codes, is beginning to stabilize after some initial uncertainty.

The administration used data covering the first three months of the year to tell members of the Joint Medicaid Oversight Committee that billing problems are being resolved and that the new system is, in many cases, paying providers more quickly and efficiently than before.

The comments come in response to a survey released last month by the Ohio Council of Behavioral Health & Family Service Providers that found many members were receiving

significantly less in overall payments from Medicaid. (See Gongwer Ohio Report, April 19, 2018)

Greg Moody, director of the Governor's Office of Health Transformation, said that survey, which covered 80% of the council's members, represents about a quarter of providers affected by the behavioral health redesign. (ODM Presentation)

While payments for claims in February were down 20% compared to the previous February, those numbers in January and March were close to the same, with total payments in the first quarter of 2018 down about 7% compared to the same period in 2017, Director Moody said.

When looking at denial rates of claims, Mr. Moody said the 18% denial rate in March was down compared to 28% seen in January, showing providers are working out problems with the new system.

That rate, above the typical denial rate of about 11%, also is inflated because the new coding system is disqualifying claims that previously might otherwise have been paid by Medicaid, including claims that should be paid by other payers, he said. When those claims are eliminated, the denial rate drops to 11% in March and 15% for the first quarter overall, he said.

Many of the denials - about 41% - are coming from 26 providers, which account for 6% of the total number, he said. When they are removed, the denial rate for March drops to 5%. Mr. Moody also pointed out that hospitals, which have more experience with the code sets and the system, experienced a denial rate of 1% for the quarter.

"Many of the early concerns with redesign are being addressed as we look at actual system performance," he said.

Sen. Bill Coley (R-Liberty Twp.) cited a drop in total behavioral health spending in April, which was not included in Mr. Moody's presentation.

April's spending is affected by a one-week payment delay for the month for all providers in the Medicaid program to keep the program's budget balanced, Mr. Moody said.

"A significant portion of the reduction in April is unrelated to redesign, it's related to a one-week delay in payment," he said.

The council's survey was conducted "at the point of maximum consternation" with the new process, Mr. Moody said.

"Everything in the council survey are things that we flagged to monitor and track because they could be signals of something going wrong," he said.

Sen. Coley said the fact that overall spending in behavioral health remains below last year's total continues to raise red flags.

"From a budgeting standpoint, their concerns are not as overblown as we thought," he said.

Rep. Emilia Sykes (D-Akron) asked how much providers are being told about why a certain claim was denied.

"What does that look like moving forward so these folks can actually get what they need and we can actually find out whether this is why they're losing that funding?" she asked.

Medicaid Director Barbara Sears said providers are given codes explaining why a claim was denied, and that with larger denials, the department will reach out to providers to explain.

"I can't have my folks explaining how to bill Medicare or a third party, but what I can tell you is that now that we have moved to a national code set, it's easier for them to bill those services," she said.

The administration's comments didn't quell the Ohio Council's concerns about the plan to move ahead with the next step of the behavioral health redesign. CEO Lori Criss also pointed to prompt payment issues with one managed care plans as raising questions about the planned July 1 managed care carve-in. (*See separate story*)

"Today's discussion at JMOC reinforced that the state, managed care plans, and providers are not yet showing full signs of readiness for a July 1 move to managed care, especially with fewer than 8% of providers shown as being in a position to serve the same capacity that they served last year at this time," she said in an email.

"It's stunning to think that the administration can declare readiness when at the same time revealing that the Ohio Department of Medicaid has known for months but not shared that CareSource, which covers over 50% of Ohioans on Medicaid Managed Care, has violated their timely payment requirements."

Prompted by the council's survey, one Democratic lawmaker also announced Thursday that he would ask ODM to delay the planned carve-in by six months.

"Logistical issues during the rollout of the redesign plan have wreaked havoc on our healthcare providers, threatening care and forcing many to eliminate staff and essential services," Rep. Thomas West (D-Canton) said in a statement. "This is especially troublesome at a time when we continue to battle our worst-in-the-nation opioid crisis. Extending Phase I by six months will allow us to iron out the issues and refocus our efforts on what truly matters-delivering quality, affordable healthcare to Ohio families."

Retirement Study Council Approves 2019 Budget

The Ohio Retirement Study Council will see a slight spending increase under a budget approved by members Thursday.

The panel signed off on the \$781,800 budget request with little discussion after council Director Bethany Rhodes walked members through an overview. The annual increase is just above 1%, or \$8,450. The council receives no legislative appropriations and is funded through the plans' investment earnings.

The School Employees Retirement and the State Teachers Retirement systems also presented current drafts of their own budget proposals. Rising insurance costs, additional staff training expenses and increasing bank fees appear to be the common themes. (Committee Documents)

Rep. Rick Carfagna (R-Westerville) applauded the ORSC's budget for zeroing out a line item previously put aside for communication products like phones and internet.

Ms. Rhodes explained that because the council relocated to a state office building, it no longer needs to rely on a private vendor for those services. She said, however, that the line item would remain in the budget in case the council should relocate at some point in the future.

Ms. Rhodes said she was also successful in following through on members' prior instructions to attempt to extend the contract of the council's two actuaries - PTA/KMS and RVK - which were to expire in August. She said both agreed to extend the contracts another five years at the current rate.

Other systems: Representatives of the School Employees Retirement System and State Teachers Retirement System shared their own budget projections with the council, although SERS CFO Tracy Valentino said that system's proposal is still a work in progress and will likely be lower when it returns for council consideration.

SERS' proposed operating budget increased 4.3% over the current year, partly attributable to a 4.7% increase in personnel costs and a 5.5% increase in health insurance. All told, the total budget clocks in at just more than \$34 million - up from \$32.9 million the year prior.

Member Thomas Pascarella questioned Ms. Valentino on the increase in banking fees the system has seen. She replied that as the assets grow, so too do the custodial and related fees.

STRS CFO Paul Snyder said the system is eyeing a 2.2% increase - up from \$99.9 million to \$102 million - for its 2019 budget. He said the system has trimmed six full-time equivalent positions thanks to online efficiencies and teacher retirements - a fact Sen. Steve Wilson (R-Maineville) praised.

Recommendations: Senior Research Associate Jeff Bernard outlined staff's recommendation to remove a provision in the Ohio Revised Code requiring Highway Patrol Retirement System to conduct an annual adequacy contribution rate report.

Those reports, Mr. Bernard suggested, are duplicative and costly. The council, he noted, would still have the ability to request such a report if the change were adopted. System Executive Director Mark Atkeson said he supports the proposal.

Rep. Kirk Schuring (R-Canton) said the issue will be discussed at the group's next meeting along with whether similar requirements for other systems should likewise be eliminated.

The council also voted to recommend lawmakers modify maximum statutory penalties for systems failing to transmit either employee or employer contributions.

State Offers Guidance On Mental Health, Firearms; Chronic Pain Rule Available For Comment...

The Department of Mental Health & Addiction Services issued guidance this week to help mental health practitioners with questions surrounding mental illness and firearms.

The memo comes as the debate over firearms and particularly mass shootings continues at the state and federal level.

ODMHAS Medical Director Dr. Mark Hurst wrote to providers that the discussion demonstrates the important role they play in the conversation and in the prevention of violence.

Statistics show a relatively small number of violent acts directed toward others are committed by people with mental illness, and that people with mental illness are much more likely to use firearms to take their own lives, he wrote.

"When individuals with certain mental illnesses are actively experiencing symptoms, they may be impulsive, misperceive reality and have impaired judgment. If firearms are available, the risk to themselves and others increases markedly," he wrote.

"Health care providers have no duty more important than to maintain the wellness and safety of patients, families and the communities where they reside. This duty is accomplished by providing effective treatment for psychiatric disorders and substance use problems, as well as remembering our duty to address the risk that exists from access to firearms for those under mental health treatment."

Dr. Hurst recommended patients and their families be advised of the risks posed by firearm access, and the importance of mitigating them. He also stressed the importance of ensuring relevant documents are submitted to the Bureau of Criminal Investigation in the case of an involuntary commitment.

"While our clinical interventions alone will not eliminate all firearm-related injuries and deaths, they most certainly eliminate some of them," he wrote. "Even one life saved is worth it."

Chronic Pain Rules: The Ohio State Dental Board posted draft rules of proposed new regulations on the prescribing of opioid medications for chronic and subacute pain.

The proposed rules were announced last week by Gov. John Kasich and medical professional boards. They create a framework of checkpoints for prescribers when authorizing progressively stronger doses of opioid pain relievers. (See Gongwer Ohio Report, May 2, 2018)

Comments on the rules can be sent to the dental board via email with the rule number in the subject line, and with the Common Sense Initiative copied on the email. Comments will be accepted through Friday, May 18.

The board also expects to hold a public hearing on the rule in July.

Medicaid Waivers: A report by Policy Matters Ohio questioned research cited by federal health care regulators in supporting Medicaid waivers imposing work requirements on certain members.

PMO claimed the Centers for Medicare and Medicaid Services misstated or misinterpreted the findings of various academic studies in justifying a move toward additional work requirements for Medicaid members.

"Medicaid's mission is to improve the health of Americans struggling to make ends meet," Wendy Patton, PMO senior project director, said in a statement. "Good health is a precondition for work, not a reward for it. Nothing in academic literature justifies CMS's plan. In fact, in many cases, the research shows why this policy is flawed."

Agency Briefs: AG Approves Petition For Legalized Pot Issue; Arts Council Gets Nearly \$1 Million NEA Grant; Auditor; ODA; DAS

A resubmitted petition summary for a ballot issue to legalize marijuana in Ohio was approved Thursday by Attorney General Mike DeWine.

Backers of the proposed constitutional amendment, titled "Marijuana Rights and Regulations," will be cleared to begin collecting signatures after the Ohio Ballot Board determines whether the language requires a single or multiple issues.

Mr. DeWine's office determined that, unlike the committee's first attempt, the new petition summary represented "a fair and truthful statement of the proposed law."

Under the proposed amendment, which also prescribes how governments can restrict the use of marijuana in ways similar to alcohol-related laws, a new Ohio Constitution section would "endow the Rights of persons in Ohio age 21 and older to possess, cultivate, process, use, transport, sell, purchase and share marijuana in Ohio...."

Ohio Arts Council: For the ninth consecutive year, OAC is celebrating the award of the second-largest partnership agreement grant from the National Endowment for the Arts.

The \$995,800 received to help support arts initiatives throughout the state tops the amount granted to larger states such as Texas, Florida, New York, Illinois and Pennsylvania, OAC reported. (Details)

"Ohio has a long tradition of securing nearly \$1 million annually through the State and Regional Partnership Agreement program from the National Endowment for the Arts. We are proud to receive the largest award in the Midwest and the second largest award in the nation, OAC Executive Director Donna S. Collins said in a statement.

"Every dollar we earn from the NEA is invested in the arts statewide through our grantees. The federal investment in the arts in Ohio is important, not just the Ohio Arts Council grant award, but the 16 grants given this cycle in a variety of categories to arts organizations across Ohio."

State Auditor: Dave Yost has placed the Village of Bridgeport in Belmont County on the state's "unauditable" list due to a lack of documentation.

"During the course of the regular financial audit of the Village of Bridgeport for the period Jan. 1, 2016, through Dec. 31, 2017, the Auditor of State's office determined that the condition of the village's financial records was not adequate to complete the audit," his office reported. In a letter to the village, the Auditor's office provided a list of information required to complete the audit.

"Complete financial records shine a light on local governments," Auditor Yost said in a release. "Taxpayers should not be left in the dark on how their dollars are being spent."

The village has 90 days to respond to the letter by revising its financial records and providing the required data. Failure to do so could result in legal action.

In a separate release, Mr. Yost announced that Nicholas Szabo, the former city auditor of London in Madison County, pleaded guilty to theft in office "for his failure to reimburse the city for his health insurance costs and for an unauthorized pay increase for a fellow employee."

Mr. Szabo resigned in December. The auditor said he will be sentenced on the fourth-degree felony violation on June 7.

Mr. Yost also announced this week that a special audit of Mt. Sterling was recognized by the National State Auditors Association with an Excellence in Accountability Award.

"The award recognizes the office's work in uncovering extensive corruption and almost \$1 million in illegal spending at the small Madison County village," his office reported. "The special audit was instrumental in securing the convictions of four administrators

and employees, including former Mayor Charles Neff and former Village Administrator Joseph Johnson."

"The exemplary professionals of my office continually get results - and justice - for Ohio's taxpayers," Auditor Yost said. "This recognition from their peers is evidence of the first-rate work rooted in every audit and investigation they perform."

Department of Agriculture: The agency reported Thursday that an invasive species of hemlock-killing insects had been discovered in Adams County.

The hemlock woolly adelgid, an aphid-like Asian insect first reported in the U.S. in 1951, has devastated the trees in areas along the Appalachian Mountains and has been detected in 20 states.

The infestation in Adams County was discovered through the survey work being conducted by the ODNR Division of Forestry in Shawnee State Forest. The bugs were first detected in a forested setting in Ohio in Meigs County in 2012, the agency reported.

"At this time, ODA will move to expand its hemlock quarantine, enforced by ODA's Plant Health division, to include Adams County," ODA reported. "Ohio quarantine regulations restrict the movement of hemlock materials from areas known to be infested with HWA into non-infested Ohio counties. Ohio's quarantine law also requires hemlock materials to be inspected and officially certified before being shipped, verifying that the plant material is free of HWA when entering Ohio."

The agency separately announced that aerial treatments designed to control the gypsy moth population would begin soon in 54 acres in Franklin County. The treatments are administered using a low-flying aircraft and will likely take place during early morning hours, ODA said.

The department said it will use Foray (Btk), a naturally occurring bacterium found in the soil that interferes with the caterpillars' feeding cycles, adding that the substance is not toxic to humans, pets, birds or fish.

Administrative Services: The state will hold next miscellaneous surplus property auction on Saturday at the DAS General Services Division headquarters, 4200 Surface Rd. in Columbus.

Scaffolding and a Delta RS-15 shaper are among the unique items being sold at the auction, which also features "a wide variety of computer equipment (e.g., laptops, monitors and printers) and electronic appliances (e.g., copiers, digital cameras, DVD players, audio and video equipment and mobile radios).

Doors open at 8 a.m. and the auction begins at 9 a.m. More details are available on the DAS website.

Governor's Appointments

State Dental Board: Andrew W. Zucker, DDS of Sandusky for a term beginning May 10, 2018, and ending April 6, 2022 and Canise Y. Bean, DMD, MPH of Columbus and Faisal A. Quereshy, MD, DDS of Richfield for terms beginning May 10, 2018, and ending April 6, 2022.

University of Akron Board of Trustees: Cindy P. Crotty of Cleveland Heights has been appointed to the for a term beginning May 10, 2018, and ending July 1, 2026.

Gongwer Statehouse Job Market Updated

Gongwer's Statehouse Job Market has been updated. The update is available on the Gongwer website.

Subscribers interested in posting job openings on Gongwer's employment board can send job descriptions and other information to gongwer@gongwer-oh.com.

Supplemental Agency Calendar

Monday, May 14

State Board of Education, 25 S. Front St., Columbus, 8:30 a.m.

Tuesday, May 15

State Board of Education, 25 S. Front St., Columbus, 8:30 a.m.

Wednesday, May 16

Public Utilities Commission of Ohio, 180 E. Broad St., 11th Fl., Columbus, 1:30 p.m.

Thursday, May 17

Aerospace & Aviation Technology Committee, Rm. 017, Statehouse, Columbus, 1:30 p.m.

17 S. High St., Suite 630

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Click the  after a bill number to create a saved search and email alert for that bill.

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Daily Activity Planner for Friday, May 11

Legislative Committees

No legislative committees scheduled.

Agency Calendar

Small Government Capital Improvements Commission, OWDA offices, 480 S. High St., Columbus, 10:30 a.m.

Event Planner

YMCA Youth & Government Model United Nations, Statehouse, Columbus

17 S. High St., Suite 630

Columbus Ohio 43215

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Legislative Committee Schedules beginning 5/11/2018

Monday, May 14

Joint Committee on Agency Rule Review (Committee Record) (Chr. Uecker, J., 644-6030), Senate Finance Hearing Rm., 1:30 p.m.

Tuesday, May 15

Senate Insurance & Financial Institutions (Committee Record) (Chr. Hottinger, J., 466-5838), Finance Hearing Rm., 9:30 a.m.

- SB 275** ■ **NURSE ANESTHETISTS** (Burke, D.) Regarding the authority of certified registered nurse anesthetists to administer drugs in addition to anesthesia and to select and order certain other drugs. (1st Hearing-Sponsor)
- SB 247** ■ **PERS HEALTH CARE** (Dolan, M.) To require the Public Employees Retirement System to permit certain spouses of retired or deceased members to continue receiving allowances to pay for health care expenses under the System's group health care plans. (1st Hearing-Sponsor)
- SB 263** ■ **NOTARY PUBLIC** (Huffman, M., Wilson, S.) To enact the Notary Public Modernization Act. (3rd Hearing-All testimony-Possible amendments & vote)
- SB 265** ■ **PHARMACY SERVICES** (Dolan, M.) To permit certain health insurers to provide payment or reimbursement for services lawfully provided by a pharmacist and to recognize pharmacist services in certain other laws. (2nd Hearing-Proponent)
- SB 273** ■ **RATING AGENCIES** (Hackett, B.) To enact for the Revised Code a definition of the term "rating agency." (2nd Hearing-Proponent)
- Senate Finance (Committee Record) (Chr. Oelslager, S., 466-0626), Finance Hearing Rm., 2:30 p.m.
- Confirmation hearing on governor's appointments of John Adams, CFA, Ohio Higher Educational Facility Commission; Rachel Bankowitz and Donald Brogan, RA, Ohio Historic Site Preservation Advisory Board; Charles Bills, Owens State Community College Board of Trustees; Thomas Carroll, Housing Trust Fund Advisory Committee; Rachel Cummings, Southern State Community College Board of Trustees; Matthew Davis, Ohio Business Gateway Steering Committee; Terrence Fergus, Cleveland State University Board of Trustees; Charles George, Youngstown State University Board of Trustees; Matthew Kirby, CFP, Ohio Tuition Trust Authority; Gary Lindgren and David Scholl, Third Frontier Commission; Austin McClain, Ohio University Board of Trustees; Jill Neff and Joshua Smith, Rio Grande Community College Board of Trustees and Rick Ritzler, Columbus State Community College Board of Trustees
- SB 296** ■ **LAW ENFORCEMENT BENEFITS** (LaRose, F., Hottinger, J.) To revise the payments that surviving family members receive from the Ohio Public Safety Officers Death Benefit Fund and to permit surviving spouses and children to participate in the health, dental, and vision benefits offered to state employees as if the survivors were employees of this state. (1st Hearing-Sponsor)
- HB 318** ■ **SCHOOL RESOURCE OFFICERS** (Patterson, J., LaTourette, S.) To define the necessary qualifications and responsibilities of school resource officers, to require the

Facilities Construction Commission to study and report on school building security upgrades and to make an appropriation. (1st Hearing-Sponsor)

SB 299

WATER IMPROVEMENTS (Gardner, R., O'Brien, S.) To allow equipment for the protection and preservation of Lake Erie to be purchased with proceeds from the Parks and Recreation Improvement Fund, and to appropriate funds for projects enhancing water quality in the Western Lake Erie Basin. (1st Hearing-Sponsor & proponent)

HB 353

UNCLAIMED FUNDS (Reineke, B.) To exempt certain open-loop prepaid cards, closed-loop prepaid cards, and rewards cards from the Unclaimed Funds Law. (3rd Hearing-Opponent)

SB 246

STUDENT REMOVAL (Lehner, P., Manning, G.) To enact the "SAFE Act" to revise the procedures for emergency removal of a student, to prohibit certain suspensions and expulsions of students in grades pre- kindergarten through three, to require each public school to implement a positive behavior intervention and supports framework in accordance with state standards, and to make an appropriation. (4th Hearing-All testimony-Possible amendments)

House Federalism & Interstate Relations (Committee Record) (Chr. Roegner, K., 466-1177), Rm. 115, 4 p.m.

HB 580

GRANT APPLICATIONS (Thompson, A.) To establish procedures that executive agencies must follow when applying for grants, to require the Governor to approve any major grant application, and to permit the Governor to disapprove any minor grant application. (1st Hearing-Sponsor)

HCR 26

JERUSALEM (Faber, K., Keller, C.) To recognize Jerusalem as the capital of the State of Israel. (1st Hearing-Sponsor)

HB 228

GUN LAWS (Johnson, T., LaTourette, S.) To assign to the prosecution the burden of disproving a self-defense or related claim, to expand the locations at which a person has no duty to retreat before using force under both civil and criminal law, and to modify the Concealed Handgun Licensing Law regarding a licensee's duty to keep the licensee's hands in plain sight, the penalties for illegally carrying a concealed firearm or improperly handling firearms in a motor vehicle, and the posting of warning signs regarding the possession of weapons on specified premises. (6th Hearing-All testimony)

HB 85

HEALTH CARE COMPACT (Retherford, W.) To enter into the Health Care Compact. (2nd Hearing-All testimony-Possible vote)

House Education & Career Readiness (Committee Record) (Chr. Brenner, A., 644-6711), Rm. 121, 4 p.m.

HB 544

SCHOOL SAFETY STANDARDS (Rogers, J., Perales, R.) To require the State Board of Education to adopt rules prescribing standards for safety enhancements to new public and nonpublic school facilities and to require the Ohio Facilities Construction Commission to revise its construction and design standards to comply with the State Board's standards. (1st Hearing-Sponsor)

- SB 216** **SCHOOL REGULATIONS** (Huffman, M.) To enact the "Ohio Public School Deregulation Act" regarding the administration of preschool and primary and secondary education programs. (1st Hearing-Sponsor)
- HB 517** **MONTH DESIGNATION** (Schaffer, T., Leland, D.) To designate the month of October as "Ohio Principals Month." (2nd Hearing-All testimony-Possible amendments & vote)
- HB 540** **TEACHER EVALUATIONS** (Gavarone, T., Manning, N.) With regard to teacher evaluations. (3rd Hearing-All testimony-Possible amendments & vote)
- HB 591** **SCHOOL REPORT CARDS** (Duffey, M.) To revise the state report card rating system for school districts and public schools. (1st Hearing-Sponsor & proponent-Possible substitute-Pending referral)
- Senate Agriculture (Committee Record) (Chr. Hackett, B., 466-3780), South Hearing Rm., 4 p.m.
- HB 392** **APIARY DAMAGES** (Stein, D.) To grant specified apiary owners immunity in personal injury or property damage cases involving bee stings. (2nd Hearing-Proponent)
- HB 506** **DOG BREEDERS** (Hill, B.) To revise the law governing high volume dog breeders. (2nd Hearing-Proponent-Possible amendments)

Wednesday, May 16

House Finance (Committee Record) (Chr. Smith, R., 466-1366), Rm. 313, 9 a.m.

- SB 135** **VOTING EQUIPMENT** (LaRose, F.) To make supplemental operating appropriations for the FY 2018-FY 2019 biennium and supplemental capital appropriations for the FY 2017-FY 2018 biennium to implement a voting machine and equipment acquisition program. (1st Hearing-Sponsor & proponent-Pending referral)
- Senate Rules & Reference (Committee Record) (Chr. Obhof, L., 466-7505), Majority Conf. Rm., 11:15 a.m.
- House Session (Committee Record) (Chr. Schuring, K., 466-3357), House Chamber, 1:30 p.m.
- Senate Session (Committee Record) (Chr. Obhof, L., 466-4900), Senate Chamber, 1:30 p.m.
- Senate Transportation, Commerce & Workforce (Committee Record) (Chr. LaRose, F., 466-4823), North Hearing Rm., 3 p.m. or after session
- Confirmation hearing on governor's appointments of Timothy Staup, Motor Vehicle Salvage Dealers Licensing Board and Norman Lane, State Fire Council

- SB 293** **ADMINISTRATIVE REGULATIONS** (Peterson, B., McColley, R.) To require agencies to reduce the number of regulatory restrictions. (1st Hearing-Sponsor)
- SB 295** **ROAD NAMING** (Hottinger, J.) To designate a portion of State Route 93 in Tuscarawas County as the "PFC Oscar F. Nicewander Memorial Highway" and a portion of State Route 520 in Holmes County as the "Cpl. Jerry Robert Spitler Memorial Highway." (1st Hearing-Sponsor)
- Senate Education (Committee Record) (Chr. Lehner, P., 466-4538), South Hearing Rm., 3:15 p.m. or after session
- HB 360** **BULLYING** (Greenspan, D.) To enact the "Ohio Anti-Bullying and Hazing Act" with regard to school discipline and bullying and hazing policies at public schools and public colleges. (1st Hearing-Sponsor)

- HB 87** **COMMUNITY SCHOOLS (Roegner, K.)** Regarding public moneys returned to the state as a result of a finding for recovery issued pursuant to an audit of a community school. (2nd Hearing-Proponent)
- HB 438** **ESC BOARDS (Hambley, S., Kick, D.)** To permit the addition of appointed members to educational service center boards, to permit a local school district to sever its territory from one educational service center and annex that territory to an adjacent service center under specified conditions, and to authorize educational service centers to establish local professional development committees. (2nd Hearing-All testimony-Possible amendments & vote)
- HB 21** **COMMUNITY SCHOOLS (Hambley, S.)** Regarding verification of community school enrollments. (5th Hearing-All testimony-Possible amendments & vote)
- House Aging & Long Term Care (Committee Record) (Chr. Arndt, S., 644-6011), Rm. 113, 3:30 p.m. or after session
- HB 527** **VISITATION RIGHTS (LaTourette, S.)** To allow certain specified persons to petition the probate court for reasonable visitation with an incompetent or ward if visitation between the person and the incompetent or ward has been interfered with or denied. (1st Hearing-Sponsor)
- HB 572** **RETIREMENT CREDIT (Scherer, G., Howse, S.)** Regarding Public Employees Retirement System service credit for services as a nonteaching school employee of a county board of developmental disabilities. (1st Hearing-Sponsor)
- SB 158** **ELDER FRAUD (Wilson, S.)** To develop best practices and educational opportunities to combat elder fraud and exploitation and to fine and require full restitution from offenders who are found guilty of certain fraud-related crimes against the elderly. (1st Hearing-Sponsor)

Thursday, May 17

Joint Ohio College Affordability Committee (Chr. Wilson, S., 466-9739), Senate Finance Hearing Rm., 10 a.m.

- Presentation from Chancellor John Carey on past and current initiatives to reduce the cost of college education
- ~~Canceled: House Session (Committee Record) (Chr. Schuring, K., 466-3357), House Chamber, 1 p.m.~~
- If needed

Tuesday, May 22

Senate Rules & Reference (Committee Record) (Chr. Obhof, L., 466-7505), Majority Conf. Rm., 11 a.m.

- If needed
- Senate Session (Committee Record) (Chr. Obhof, L., 466-4900), Senate Chamber, 1:30 p.m.
- If needed

Wednesday, May 23


Joint Education Oversight Committee (Committee Record) (Chr. Manning, G., 466-8150), North Hearing Rm., 8:30 a.m.

- Presentation by State Superintendent Paolo DeMaria and update on progress of other research projects (tentative)
- Senate Rules & Reference (Committee Record) (Chr. Obhof, L., 466-7505), Majority Conf. Rm., 11 a.m.

House Session (Committee Record) (Chr. Schuring, K., 466-3357), House Chamber, 1:30 p.m.
Senate Session (Committee Record) (Chr. Obhof, L., 466-4900), Senate Chamber, 1:30 p.m.

Thursday, May 24

House Session (Committee Record) (Chr. Schuring, K., 466-3357), House Chamber, 1 p.m.

NOTE: Click bill or resolution number links to see the legislative history compiled by Gongwer News Service. Click the  after a bill number to create a saved search and email alert for that bill. Click "Full Text" if present to view the text of legislation on the Legislature's Web site.

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Morning Briefing: Summaries Of The News

Wednesday, May 16, 2018

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From Kaiser Health News:

KAISER HEALTH NEWS ORIGINAL STORIES

1. California Hospital Giant Sutter Health Faces Heavy Backlash On Prices

In a case with possible national repercussions, the state's attorney general has sued over alleged price gouging, and other legal and legislative challenges are afoot. Sutter is pushing back hard, denying anticompetitive behavior. (Chad Terhune, 5/16)

2. Reversing An Overdose Isn't Complicated, But Getting The Antidote Can Be

Last month, U.S. Surgeon General Jerome Adams urged more Americans to carry and learn to use naloxone, which can save someone from an opioid overdose. But the drug, brand-name Narcan, can be difficult to get and expensive. (Jake Harper, Side Effects Public Media, 5/16)

3. Political Cartoon: 'Out For The Count?'

Kaiser Health News provides a fresh take on health policy developments with "Political Cartoon: 'Out For The Count?'" by Jeff Koterba, Omaha World Herald.

Here's today's health policy haiku:

SUICIDE RATES ON THE RISE IN YOUNG PEOPLE

Youths dealing with sense
Of inadequacy from
Social media.

- Anonymous

If you have a health policy haiku to share, please Contact Us and let us know if you want us to include your name. Keep in mind that we give extra points if you link back to a KHN original story.

Summaries Of The News:

HEALTH LAW

4. The Estimated Cost For Extending Skinny, Short-Term Coverage Plans: Up To \$168 Million A Year

Because healthier people are more likely to buy the skinny plans, the overall marketplace -- which the government helps subsidize -- would become less stable. Meanwhile, Oscar, an ACA-focused insurance startup, announces plans to expand despite the turbulence surrounding the health law.

The New York Times: Trump's Plan For Cheaper Health Insurance Could Have Hidden Costs

President Trump's plan to expand access to skimpy short-term health insurance policies, as an alternative to the Affordable Care Act, would affect more people and cost the government more money than the administration estimated, an independent federal study says. The study, by Medicare's chief actuary, suggests that the new policies would appeal mainly to healthy people, including many who have had comprehensive coverage under the Affordable Care Act. The administration estimated in February that a few hundred thousand people might sign up for the "short-term, limited-duration policies," which would not have to provide the standard health benefits like preventive services, maternity care or prescription drug coverage. (Pear, 5/15)

Bloomberg: Obamacare Startup Oscar Will Expand To New States, CEO Says
Oscar Insurance Corp., the Obamacare-focused health insurance startup, plans to expand to Arizona and at least three other new markets next year, a bet on the health law's survival despite the turbulent politics surrounding it. In an interview, Chief Executive Officer Mario Schlosser said Oscar is meeting its goals to increase membership and revenue while gaining a better handle on medical costs. (Tracer, 5/15)

Modern Healthcare: Oscar Health's Narrow-Network Strategy Yields First-Ever Quarterly Profit

Health insurance startup Oscar Health posted a profit in the first quarter of 2018 after expanding its footprint and growing membership in the individual insurance market. The quarterly profit—the first Oscar has reported since launching five years ago—signals that the health insurer's strategy of creating narrow networks through partnerships with major brand-name hospital systems may be a winner. Oscar this year serves members in six states and partners with heavy hitters like Cleveland Clinic in Ohio; Tenet Healthcare Corp. in Dallas; and Mount Sinai Health System and Montefiore Health System, both in New York. (Livingston, 5/15)

And in other insurance and marketplace news —

Reuters: Healthcare, Freelanced-Where Will Gig Economy Workers Get Coverage?
There are plenty of problems lurking on America's career ladder, but here is a big one: our healthcare systems are designed for the workforce of 1950. If you have a lifetime corporate 9-to-5 gig, then you probably have group health insurance. But what if that is not the kind of job you have? Well, good luck with that. (Taylor, 5/15)

The CT Mirror: Dems Predict 'Eye-Popping' Health Premium Hikes, Blame GOP
Sen. Chris Murphy on Tuesday helped launch a Democratic initiative that blames Republicans for "sabotaging" the Affordable Care Act, leading to sky-high health insurance premiums. Those sharp rate hikes — averaging more than 18 percent nationally for individual policies — will be announced just before November's mid-term elections and will be an issue in many campaigns, the Democrats predict. (Radelat, 5/15)

The Associated Press: AP-NORC Poll: Young Adults Feel Stress Of Long-Term Care
Most young adults haven't given much thought to their own needs as they get older, but a significant number are already providing long-term care for older loved ones, according to a new poll by the Associated Press-NORC Center for Public Affairs Research. And while those who have caregiving experience put in fewer hours than their older counterparts, they're more likely to feel stressed out by the experience. (5/15)

PHARMACEUTICALS

5. Renewed Scrutiny Of 340B Program Seems Like Win For Pharma, But Drugmakers Shouldn't Celebrate Yet

Both Republicans and Democrats in Congress show interest in increasing oversight to the drug discount program that the pharmaceutical industry wants reined in. But lawmakers' attention isn't solely directed at the role of hospitals. Meanwhile, House Ways and Means Committee Chairman Kevin Brady (R-Texas) plans a hearing about President Donald Trump's plans to curb high drug prices, and the industry's lobbying group has some "serious concerns" with the president's blueprint.

Stat: Taking Aim At 340B Drug Program, Lawmakers Target Both Hospitals And Pharma

They don't agree on the details, but both Republicans and Democrats in the Senate are ready to ramp up oversight of a federal drug discount program that hospitals generally support — and drug makers tend to want to rein in. On its face, the increasing congressional scrutiny seems like a win for the pharmaceutical industry, which has

bucked against the status quo. But lawmakers at a Tuesday hearing on the program, known as 340B, signaled an interest in taking aim at both industries. (Mershon, 5/15)

Modern Healthcare: Senate Committee Turns 340B Spotlight On Drugmakers
Lawmakers turned their sharp scrutiny of the 340B program on drugmakers Tuesday, questioning why states and providers don't know the ceiling prices within the drug discount program. In a hearing Tuesday, members of the Senate health committee asked government watchdogs why the Trump administration has delayed for the fifth time a rule that would set ceiling prices and why 340B hospitals don't know what they ought to be paying for the discounted drugs. (Luthi, 5/15)

The Hill: GOP Chairman Plans Hearings On Trump Drug Pricing Proposals
House Ways and Means Committee Chairman Kevin Brady (R-Texas) said Tuesday that he plans to conduct hearings on some of President Trump's new proposals to bring down drug prices. Brady said it is too early to tell if the committee will move legislation on the issue, but said he wanted to consider the ideas. ...Brady said he particularly liked items in the proposal to bring drugs to market faster to increase competition, as well as ideas to make sure that savings from insurer negotiations with drug companies make their way to consumers. (Sullivan, 5/15)

The Hill: PhRMA Expresses 'Serious Concerns' With Trump Drug Pricing Proposals
The main drug industry lobbying group on Tuesday said that it had "serious concerns" with major elements of President Trump's new plan to bring down drug prices. In the first extended remarks on the plan since Trump unveiled it last Friday, Lori Reilly, an executive vice president of the Pharmaceutical Research and Manufacturers of America (PhRMA), pointed to several proposals she said would harm patient access to drugs. (Sullivan, 5/15)

Bloomberg: \$100,000 Drugs Get Targeted For Discounts Under Trump's Plan
The key proposal in President Donald Trump's plan to lower the price of some of the most expensive drugs would open up those treatments to price negotiation, Health and Human Services Secretary Alex Azar said. Trump had once pledged, to the chagrin of many Republicans, that the federal government would be doing the negotiating, using its enormous buying power to drive down prices. But the plan his administration announced last week made no mention of that strategy. Instead, the new goal is to shift the coverage of some drugs so that insurers and pharmacy-benefit managers can negotiate better deals. (Edney and Langreth, 5/15)

Bloomberg: Trump's Attempt To Shame Drugmakers Shows Medicare Costs Soaring
The U.S spent 60 percent more on drugs for Medicare patients in 2016 than it did in four years earlier, according to newly released federal data, countering pharmaceutical

industry arguments that prescription medicine represents only a small and stable portion of health-care costs. Among top-selling drugs in the program, the per-unit cost of Sanofi's Renvela, which is used by dialysis patients, climbed by an average of 21.6 percent between 2012 and 2016, the most recent year for which data are available. Unit costs for AbbVie Inc.'s Humira, a blockbuster rheumatoid arthritis drug, rose at an average pace of 18 percent a year during the same period, according to the figures released Tuesday by the Trump administration. (Langreth and Edney, 5/15)

Politico Pro: CMS Drug Dashboards Reveal Big Price Hikes

Dozens of Medicare and Medicaid drugs more than doubled in price between 2015 and 2016, according to new data CMS released Tuesday. However, the drugs with the biggest percentage increases often were not the ones that accounted for the most program spending. Drugs that accounted for the highest total spending in Medicare Part B and D and Medicaid in 2016 tended to post increases of under 20 percent, with many under 10 percent. (Karlin-Smith, 5/15)

The Wall Street Journal: Investors, Brace Yourselves For More Drug-Price Drama

The next leg of the Trump administration's plan to lower the cost of drug prices could get ugly for investors. As soon as Thursday the Food and Drug Administration plans to publish a database of complaint letters from generic drug companies to the agency alleging anticompetitive activities from branded pharmaceutical companies. It is likely that some complaints will pertain to high-price blockbuster drugs that investors watch most closely. (Grant, 5/16)

Prescription Drug Watch: For more news on high drug costs, check out our weekly feature, which includes coverage and perspectives of the issue.

6. Top Novartis Lawyer 'Takes Personal Responsibility,' Steps Down Over \$1.2M Contract With Trump Lawyer

"Although the contract was legally in order, it was an error," Novartis' general counsel Felix Ehrat said. Novartis's new CEO Vas Narasimhan has been trying to deal with the fallout from the contract with Michael Cohen becoming public. On Monday, he hosted a conference call with 5,000 of the company's managers in which he said the company needs to rebuild trust and rethink its approach to the use of consultants and lobbying firms.

The Wall Street Journal: Novartis Top Lawyer Departs Over Cohen Payments

A top executive at Swiss drugmaker Novartis is stepping down as the global fallout widens from the recent disclosure of payments to a company owned by U.S. President Donald Trump's longtime personal lawyer. Novartis said Wednesday that general

counsel Felix Ehrat, 61 years old, is retiring from the company in connection with \$1.2 million in payments it made over the course of a year to Michael Cohen's shell company, Essential Consultants LLC. (Blackstone and Bernhard, 5/16)

CNN: Novartis Top Lawyer Felix Ehrat Quits Over Cohen Payments
Cohen's company Essential Consultants had a one-year \$1.2 million contract with Novartis during the beginning of the Trump administration. "Although the contract was legally in order, it was an error," Ehrat said in a statement. "As a co-signatory with our former CEO, I take personal responsibility to bring the public debate on this matter to an end." (Kottasova, 5/16)

Reuters: Top Novartis Lawyer Exits Over Trump Attorney Deal Error
U.S. lawmakers have demanded Novartis and AT&T (T.N), which also made payments to Cohen's firm, provide details and Ron Wyden, the top Democrat on the Senate Finance Committee, has initiated an investigation. Ehrat, Novartis's general counsel since 2011, had been expected to leave within the next 1-1/2 years, while Jimenez stepped down on Feb. 1 and was replaced by Vas Narasimhan. (Miller, 5/16)

Bloomberg: Novartis General Counsel To Step Down After Cohen Payments
Novartis's new CEO Vas Narasimhan has been grappling with the fallout over the contract, which drew the drugmaker into Special Counsel Robert Mueller's probe of suspected Russian meddling in the U.S. presidential election. Narasimhan, who's meeting with investors Wednesday in Basel, conducted a conference call Monday for 5,000 managers in which he said the company needs to rebuild trust and rethink its approach to the use of consultants and lobbying firms, according to a person familiar with the situation. (Paton, 5/16)

Bloomberg: Trump Lawyer Cohen Dangled Policy Help, Ex-Novartis Chief Says
President Donald Trump's lawyer Michael Cohen offered to help Novartis AG get a grip on the U.S. administration's position on key health-care issues before an agreement with the Swiss drugmaker quickly turned sour, former Chief Executive Officer Joe Jimenez said. In an interview with Bloomberg, Jimenez said Cohen told him that he had left Trump's organization and had stopped working for the president before pitching for business with Novartis. The former chief broke his silence after revelations last week that the company had paid \$1.2 million to Cohen's consulting firm. (Paton, 5/16)

7. FDA Launching Website To Call Out Pharma Companies Accused Of Deterring Development Of Generics

"I'm looking to bring transparency around what I think are reasonable public health questions," FDA Commissioner Scott Gottlieb said. In other news, the industry is

pushing back against a proposal to to make them disclose their products' prices in consumer advertising.

Stat: FDA To Name Companies Accused Of Hindering Generic Drug Development
On Thursday, the Food and Drug Administration plans to start publishing the names of pharmaceutical companies that have been accused of withholding samples of drugs from generic manufacturers, Commissioner Scott Gottlieb told STAT. This is part of the Trump administration's broader plan to bring down drug prices by fostering competition. In a speech Monday, Secretary of Health and Human Services Alex Azar highlighted this forthcoming action by the FDA as one way to "call out the manufacturers who may be abusing the rules that built our free market for drugs." (Swetlitz, 5/14)

CQ: FDA Acts To Target Drugmakers Accused Of Not Sharing Samples
The website will initially display the names of about 50 brand-name drugs that generic companies have complained about getting, with more to be added as generic companies petition the FDA for help. Generic companies need the samples in order to replicate them in lower-cost products. "Branded companies are on notice that there will be a website at FDA that's going to identify when multiple generic entrants are having trouble getting access to their physical samples," Gottlieb said Tuesday at a briefing with reporters. (McIntire, 5/15)

Modern Healthcare: FDA Explores Requiring Drug Price Disclosures In Commercials
Drug companies on Tuesday claimed the Trump administration may not have the legal authority to make them disclose their products' prices in consumer advertising. Both President Donald Trump and HHS Secretary Alex Azar have cited the policy proposal as a key strategy to rein in drug prices. The U.S. Constitution's free speech protections raise legal questions about whether the Food and Drug Administration can compel drugmakers to disclose prices in ads, said Lori Reilly, an executive vice president of the Pharmaceutical Research and Manufacturers of America, said at a health reform panel Tuesday. (Dickinson, 5/15)

CNBC: FDA's Gottlieb On Lowering US Drug Prices: Europe Needs To Pay More
U.S. allies' drug pricing strategies are not sustainable for long-term success, and that's adversely leading to higher prescription costs at home and abroad, FDA Commissioner Dr. Scott Gottlieb told CNBC on Tuesday. Europeans "do underpay relative to us for branded drugs and that's in part because they do put price controls and utilization restrictions on those drugs," Gottlieb said in a "Squawk Box" interview. "But they're overpaying relative to us on generic drugs." "That's not a system for success in the long run," he argued. "So, I don't think they're set up for long-term success." (Lovelace, 5/15)

MEDICAID

8. In Midst Of Enthusiasm Over Revamping Medicaid, CMS Draws The Line At Lifetime Limits

"We've made that pretty clear to states," Centers for Medicare & Medicaid Services Administrator Seema Verma said Tuesday. Meanwhile, a Virginia lawmaker accuses a committee of dragging its feet over the state's budget, which has been stymied by a debate over Medicaid expansion. And other Medicaid news comes out of Tennessee, Kansas, California and Florida.

The Hill: Trump Administration Won't Approve Lifetime Limits On Medicaid
The Trump administration will not approve state requests to impose lifetime limits on Medicaid coverage, breaking with conservatives who have pushed for the strict limitation. "We've indicated we would not approve lifetime limits, and we've made that pretty clear to states," Centers for Medicare & Medicaid Services Administrator Seema Verma said Tuesday. Speaking at a Washington Post event on health care, Verma did not give details about other decisions facing the administration, such as whether to allow work requirements in states that have not expanded Medicaid under ObamaCare, and whether to allow drug testing for Medicaid enrollees, as Wisconsin is proposing. When asked about drug testing, Verma said only that the administration wants to evaluate state goals on an individual basis. (Weixel, 5/15)

The Washington Post: One-On-One With Seema Verma, Administrator Of The U.S. Centers For Medicare And Medicaid Services
The Washington Post's Paige Winfield Cunningham speaks one-on-one with U.S. Centers for Medicare and Medicaid Services Administrator Seema Verma, who outlines her vision for Medicaid. (5/15)

The Washington Post: Virginia State Sen. Richard Saslaw Is Threatening To Exercise 'The Nuclear Option' To Nudge The Legislature To Expand Medicaid
Sen. Minority Leader Richard L. Saslaw said he will resort to a "nuclear" procedural move — one that would wrest the state budget bill from the Senate Finance Committee — if the panel does not send a spending plan to the full Senate before it reconvenes next week. Saslaw (D-Fairfax) said he will make a motion to "discharge" the committee, which he says has been dragging its feet on the budget since a second Republican senator declared his willingness to approve Medicaid expansion under the Affordable Care Act. (Vozzella, 5/15)

Nashville Tennessean: In Governor's Race, Medicaid Debate Holds Firm On Party Lines

Two Democratic gubernatorial candidates vowed Tuesday to immediately expand Medicaid if elected governor, saying expansion was the key to filling Tennessee's health care gap and saving rural hospitals throughout the state. But the proposal was met with swift opposition from three Republican opponents, who insisted expansion was unaffordable and that the state's next governor should instead negotiate block grants — which come with less funding but fewer strings — from the Trump Administration. (Kelman, 5/15)

KCUR: Governor Colyer Signs Kansas Budget, Minus Handcuffing Of Medicaid Overhaul

Gov. Jeff Colyer signed the Kansas budget into law Tuesday, but in the process he knocked out a provision aimed at curbing his administration's revamp of the state's privatized Medicaid program, KanCare. Colyer and his predecessor, former-Gov. Sam Brownback, have been working to overhaul KanCare and get federal permission to extend the program for several more years. Kansas lawmakers wanted to block Colyer from adding restrictions, like work requirements for some KanCare recipients. The budget provision Colyer vetoed would have unfunded the Medicaid program if the governor made changes to it, a move the administration said would imperil the state health agency. (Koranda, 5/15)

Politico Pro: California's Quest To Cover Undocumented Hinges On Cost Concerns
California lawmakers are poised to offer Medicaid coverage to all poor people in the state — including undocumented immigrants. But the bid could be threatened by forecasts showing it could cost as much as \$3 billion a year. Legislators trying to build on coverage gains made under Obamacare are targeting the nearly 3 million remaining uninsured in the state, an estimated 60 percent of whom lack legal status. (Colliver, 5/15)

Miami Herald: State Issues Moratorium On New Autism Therapists In South Florida
Florida healthcare regulators are imposing a six-month moratorium on enrollment of new therapists who provide a costly but effective psychological treatment for poor children with autism in Miami-Dade and Broward counties, citing a statewide investigation that identified fraud and abuse, including "extraordinary overbilling," of the Medicaid program. (Chang, 5/15)

OPIOID CRISIS

9. Six More States File Suit Against Purdue Pharma Over Its Alleged Role In Opioid Crisis

U.S. state attorneys general of Nevada, Texas, Florida, North Carolina, North Dakota and Tennessee say Purdue Pharma violated state consumer protection laws by falsely denying or downplaying the addiction risk while overstating the benefits of opioids. These states are just the latest in a long line of local and state governments suing drugmakers over the epidemic.

Reuters: U.S. State Lawsuits Against Purdue Pharma Over Opioid Epidemic Mount
Litigation against OxyContin maker Purdue Pharma LP is intensifying as six more U.S. states on Tuesday announced lawsuits, accusing the company of fueling a national opioid epidemic by deceptively marketing its prescription painkillers to generate billions of dollars in sales. U.S. state attorneys general of Nevada, Texas, Florida, North Carolina, North Dakota and Tennessee also said Purdue Pharma violated state consumer protection laws by falsely denying or downplaying the addiction risk while overstating the benefits of opioids. "It's time the defendants pay for the pain and the destruction they've caused," Florida State Attorney General Pam Bondi told a press conference. (5/15)

The Wall Street Journal: Florida And Texas Are Among Latest States To Sue Opioid Painkiller Companies

Florida, Texas and four other states became the latest to file lawsuits against Purdue Pharma LP and other opioid painkiller makers, alleging they fueled an addiction crisis by misrepresenting the risks of their drugs. Florida and Texas, the most populous states yet to pursue litigation, join more than a dozen other states and hundreds of counties, including Ohio, Alabama, Missouri, New Hampshire and Washington, to sue opioid painkiller makers. Many states and counties have also sued painkiller distributors. (Whalen and Randazzo, 5/15)

Texas Tribune: Texas Sues Purdue Pharma, The Maker Of OxyContin, Over The Opioid Epidemic

In an announcement Tuesday afternoon, [Texas Attorney General Ken] Paxton, a Republican, flanked by several assistant attorney generals, said the state is taking the drug maker to court for misrepresenting the risks of opioid addiction. "We must make those who have caused the opioid crisis feel the pain that they have inflicted on our community," Paxton said. (Evans, 5/15)

Austin American-Statesman: Texas Sues National Drug Maker Over 'Deceptive' Opioid Marketing

Paxton said his office filed suit in Travis County because a state law known as the Deceptive Trade Practices Act can provide powerful leverage — the ability to get an injunction barring Purdue from continued misrepresentation of its pain killers and penalties of up to \$20,000 per violation. (Lindell, 5/15)

Bloomberg: Tennessee, Florida Opioid Suits Create New Settlement Doubts
Tennessee Attorney General Herbert Slatery and Florida's Pam Bondi on Tuesday accused executives of Purdue and other opioid makers and distributors of fueling a public-health crisis by falsely claiming that the synthetic pain medicine wasn't addictive. They joined more than 20 other states that have sued companies including Purdue, Johnson & Johnson and McKesson Corp. over the products. It's a twist for Slatery and Bondi, who have been leading settlement negotiations sponsored by a coalition of attorneys general and who've deferred from suing makers and distributors of the drug until now. Four other states -- North Carolina, Texas, Nevada and North Dakota -- also filed opioid suits Tuesday. They were also part of the talks. (Feeley, 5/15)

In other news on the crisis —

Los Angeles Times: A Dangerous Opioid Is Killing People In California. It's Starting To Show Up In Cocaine And Meth

Fentanyl, a potent opioid already responsible for thousands of deaths nationwide, is increasingly showing up in drugs like cocaine and methamphetamine in California, officials say. The white powder, a lethal substance 50 times stronger than heroin, is sometimes mixed into other opioids to produce a stronger high. Now its presence in non-opioids has public health experts worried that California may be staring down a new dimension of the deadly epidemic. (Karlamañgla, 5/15)

Kaiser Health News: Opioid Overdose Antidote Naloxone And Narcan Can Be Hard To Get

A few months ago, Kourtnaye Sturgeon helped save someone's life. She was driving in downtown Indianapolis when she saw people gathered around a car on the side of the road. Sturgeon pulled over, and a man told her there was nothing she could do: Two men had overdosed on opioids and appeared to be dead. "I kind of recall saying, 'No man, I've got Narcan,'? D she said, referring to a brand-name version of the opioid overdose antidote, naloxone. "Which sounds so silly, but I'm pretty sure that's what came out." (Harper, 5/16)

WOMEN'S HEALTH

10. Iowa's Restrictive 'Heartbeat Bill' Challenged By Abortion Rights Advocates

The law would ban abortions as soon as embryonic cardiac activity is detected, which is usually at about six weeks, the same time women typically begin to feel the first signs of pregnancy. Experts have signaled out the legislation as one that might rise up to the Supreme Court to challenge *Roe v. Wade*.

The Associated Press: Nation's Most Restrictive Abortion Law Is Challenged In Iowa
A lawsuit challenging the nation's most restrictive abortion law was filed Tuesday in Iowa, a state that for years was largely left out of Republican efforts to overturn abortion protections and where the Democratic attorney general has refused to defend the law. If allowed to take effect on July 1 as planned, the law would ban most abortions once a fetal heartbeat is detected, around the sixth week of pregnancy. Abortion-rights groups say that's a time when many women do not know they are pregnant. (Rodriguez, 5/15)

The Washington Post: Abortion Rights Groups Ask Iowa Court To Block 'Heartbeat Bill,' Calling It 'Beyond Extreme'

Abortion rights advocates filed a lawsuit in an Iowa district court Tuesday seeking to block Iowa's newest abortion law — known as "the heartbeat bill" — which bans most abortions at about the sixth week of pregnancy, before many women know they are pregnant. The law is among the most restrictive abortion bans in the country. The Iowa law is part of a flurry of legislation that aims to test the legality of abortion restrictions, as some Republicans want legal challenges to the laws to reach the U.S. Supreme Court in an effort to overturn its landmark 1973 *Roe v. Wade* ruling. In Mississippi this year, GOP lawmakers passed a 15-week abortion ban that was signed by Mississippi's Republican governor, but the law was quickly put on hold after a court challenge. (Wax-Thibodeaux, 5/15)

WBUR: Groups File Lawsuit To Block Iowa's New 'Heartbeat' Abortion Law

Critics say that the law would make abortions illegal in cases where women may not yet have realized that they're pregnant. Iowa's current law allows most abortions up to 20 weeks into a pregnancy. The lawsuit was filed in Iowa state court. "Not only is this law blatantly unconstitutional — it's extremely harmful to women," Planned Parenthood said in a statement about the lawsuit. The group says that Iowa's legislature ignored the legal rights guaranteed in the Supreme Court's *Roe v. Wade* decision, as well as Iowa's own constitution. (Chappell, 5/15)

11. State AGs Challenge Administration's Proposed Funding Changes To Family Planning Services

HHS in February made favorable mention of "natural family planning" that includes the rhythm method and other strategies to avoid pregnancy without using birth control. It also said it would favor abstinence messages for adolescents.

The Associated Press: 20 AGs Back Lawsuits By Family Planning Groups Against Trump

Twenty attorneys general voiced their support Tuesday for lawsuits challenging Trump administration rule changes they said will reduce access to family planning services. California Attorney General Xavier Becerra said the president is playing politics with patients by changing rules that would shift federal family planning funds toward organizations that stress abstinence. (5/15)

Los Angeles Times: California Atty. Gen. Xavier Becerra Clashes With Challengers Over All His Lawsuits Against The Trump Administration

California Atty. Gen. Xavier Becerra is probably best known to California voters as the man who has sued the Trump administration more than 30 times, a feat he boasted about at a debate Tuesday ahead of next month's primary election for the attorney general race. Becerra's rivals worked to turn the focus on the federal government against him. "Quite frankly, I think Mr. Becerra is obsessed with Donald Trump. It's not the role of state attorney general to be suing our federal government every five minutes," said Republican Eric Early, a Los Angeles attorney. "It's outrageous. There are all kinds of problems in this great state that are being ignored." (McGreevy, 5/15)

PUBLIC HEALTH AND EDUCATION

12. Suicidal Thoughts, Attempts On The Rise Among Young People: 'It's A Critical Public-Health Crisis Right Now'

It's not clear what is driving the growth in depression and suicidal behavior, but researchers theorize that decreasing stigma might be causing more children to seek help. Some early research has also suggested the use of social media and smartphones may also be factors, fueling cyberbullying and feelings of inadequacy.

The Wall Street Journal: Youth Suicidal Behavior Is On The Rise, Especially Among Girls

A new study finding a rise in suicidal thoughts and attempts among young people adds to the research pointing to a decline in mental health among U.S. children and

adolescents. The study showed the proportion of young people treated at 31 U.S. children's hospitals for suicidal thoughts or attempts more than doubled between 2008 and 2015, from 0.66% of all visits to 1.82% of all visits. Rates were higher during the school year than in the summer, and nearly two-thirds of the visits involved girls, according to results published in the medical journal *Pediatrics*. (Whalen, 5/15)

NPR: Kids Struggle With Thoughts Of Suicide

Lead author Gregory Plemmons, a pediatrician and researcher at Vanderbilt University in Nashville, Tenn., says the study results confirmed what he'd been seeing at the hospital. He says he hopes clinicians and families take note. "The number one thing to take home is that it's important to talk about this and important to ask about it," he says. The findings line up with past data showing a steady increase in teen suicide over the past decade. The Centers for Disease Control and Prevention reported last year that a drop in adolescent suicide in the 1990s and early 2000s reversed course in 2008, though it's not yet reached peak levels seen in the 1980s. It's not clear what has contributed to the increase, but the study noted the 2008 financial crisis may be one factor among others. (Haelle, 5/16)

The New York Times: Kids' Suicide-Related Hospital Visits Rise Sharply

About five years ago, pediatricians at Vanderbilt University Medical Center in Nashville found that more and more of their inpatient beds at the children's hospital were occupied by children and adolescents with mental health issues, especially those who had come in because of suicide attempts, or suicidal thoughts. These patients were known as "boarders": They were waiting for psychiatric placement because it wasn't safe for them to go home. (Klass, 5/16)

13. Cherokee Nation's Aggressive Program For Treating Hep C Eyed As Potential National Treatment Model

The tribe launched a screening program targeting those aged 20 to 65 because of their statistically higher chances of having the disease. More than 1,300 members tested positive, with a 90 percent cure rate among those who have started treatment. "It's a trailblazing project for the entire country," said CDC official John Ward. In other public health news: vaping, prostate cancer, antibiotics, the latest viral internet debate, and more.

The Associated Press: Cherokee Nation Lauded For Hepatitis C Elimination Effort
Recovering addict Judith Anderson figures if she hadn't entered a program that caught and treated the hepatitis C she contracted after years of intravenous drug use, she wouldn't be alive to convince others to get checked out. The 74-year-old resident of Sallisaw, Oklahoma — about 160 miles (257 kilometers) east of Oklahoma City near

the Arkansas border — said the potentially fatal liver disease sapped her of energy and "any desire to go anywhere or do anything." (Juozapavicius, 5/16)

The Associated Press: More US Adults Try Vaping But Current Use Is Down, Data Show

New research shows 1 in 7 U.S. adults have tried electronic cigarettes. That's an increase but it's offset by a small decline in the number currently using the devices. About 3 percent of adults were current users in 2016, down from almost 4 percent in 2014, the study found. Adults who said they have tried vaping at least once reached just over 15 percent in 2016, versus 12.6 percent in 2014. That means an estimated 33 million U.S. adults have tried e-cigarettes, said University of Iowa researcher Dr. Wei Bao, the lead author. (Tanner, 5/15)

The Washington Post: Exploding Vape Pen Death: Man Dies After Pieces Strike His Head, Autopsy Says

A 38-year-old man in Florida was killed when his vape pen exploded, sending projectiles into his head and causing a small fire in his house, in what is believed to be one of the first deaths from an e-cigarette explosion. Tallmadge D'Elia was found May 5 in the burning bedroom of his family's home in St. Petersburg, according to the Tampa Bay Times. An autopsy report released his week blamed a vape pen explosion for his death, according to local news media outlets. The cause of death was listed as "projectile wound of head" — the pen exploded into pieces, at least two of which were sent into his head, the report said — and he suffered burns on about 80 percent of his body. (Rosenberg, 5/16)

The Washington Post: More Men With Low-Risk Prostate Cancer Are Forgoing Aggressive Treatment

American doctors are successfully persuading increasing numbers of men with low-risk prostate cancer to reject immediate surgery and radiation in favor of surveillance, a trend that is sparing men's sexual health without increasing their risk of death. The latest evidence that more men are postponing aggressive therapy unless their symptoms worsen came in a large study published Tuesday that involved more than 125,000 veterans diagnosed with nonaggressive prostate cancer between 2005 and 2015. (McGinley, 5/15)

The New York Times: Broke Your Right Arm? Exercise Your Left. It May Help, Really. If you sprain an ankle or break a wrist this summer and cannot use one of your limbs, the muscles there will weaken and shrink — unless you exercise those same muscles in your other limb. According to a fascinating new study, working out the muscles on one side of our bodies can keep the muscles on the other side strong and fit, even if we

do not move them at all. The finding has implications for injury recovery and also underscores how capable and confounding our bodies can be. (Reynolds, 5/16)

NPR: Children Get Fewer Antibiotics

Children and adolescents are getting fewer prescription drugs than they did in years past, according to a study that looks at a cross-section of the American population. "The decrease in antibiotic use is really what's driving this overall decline in prescription medication use that we're seeing in children and adolescents," says Craig Hales, a preventive medicine physician at the Centers for Disease Control and Prevention's National Center for Health Statistics and lead author of a study published Tuesday in JAMA. (Harris, 5/15)

The New York Times: Yanny Or Laurel: Which Do You Hear? You're Right

Three years ago, the internet melted down over the color of a dress. Now an audio file has friends, family members and office mates questioning one another's hearing, and their own. Is the robot voice saying "Yanny" or "Laurel"? The clip picked up steam after a debate erupted on Reddit this week, and it has since been circulated widely on social media. (Salam, 5/15)

The New York Times: Scientists Made Snails Remember Something That Never Happened To Them

Transferring memories from one living thing to another sounds like the plot of an episode of "Black Mirror." But it may be more realistic than it sounds — at least for snails. In a paper published Monday in the journal eNeuro, scientists at the University of California-Los Angeles reported that when they transferred molecules from the brain cells of trained snails to untrained snails, the animals behaved as if they remembered the trained snails' experiences. (Greenwood, 5/15)

STATE WATCH

14. Judge Overturns Calif. Aid-In-Dying Law, Saying Legislature Illegally Passed Bill In Special Health Care Session

Plaintiffs argued that Gov. Jerry Brown called the special session to deal with a funding shortage for public health programs and the assisted death law did not meet that criteria. Superior Court Judge Daniel Ottolia is giving the state attorney general five days to appeal.

The Associated Press: Judge Tosses California Law Allowing Life-Ending Drugs
Betsy Davis threw herself a party before becoming one of the first people to use a California law allowing her to take her own life in 2016. Her sister and other advocates

fear others won't have the same choice after a Riverside County judge threw out the law Tuesday because he said it was unconstitutionally approved by the Legislature. Superior Court Judge Daniel Ottolia ruled lawmakers illegally passed the law during a special session devoted to other topics, but he gave the state attorney general five days to appeal. (Thompson, 5/16)

Los Angeles Times: Riverside Judge Overturns California's Doctor-Assisted Suicide Law

In a statement emailed to The Times, California Atty. Gen. Xavier Becerra said: "We strongly disagree with this ruling and the state is seeking expedited review in the Court of Appeal." California's law allows patients with less than six months to live to request end-of-life drugs from their doctors, a practice that has been allowed in Oregon for more than 20 years. Now, nearly 1 in 5 Americans live in a state where physician-assisted suicide is legal, according to advocacy group Compassion and Choices. (Karlamañla, 5/15)

Modern Healthcare: Judge Strikes Down California's Aid-In-Dying Law

It's likely Attorney General Xavier Becerra will appeal Ottolia's decision. It's also possible that Gov. Jerry Brown and the Democratic-controlled Legislature, which is in session through August, could move to re-pass the law in regular session to settle the procedural objections. Senate Majority Leader Bill Monning's office said Monning is talking with the Becerra's office about options to preserve the law. (Meyer, 5/15)

San Jose Mercury News: California's Right To Die Law Overturned By Judge

If the state is unsuccessful in defending the law, Sen. Bill Monning, D-Carmel, vowed to re-introduce the measure before the full legislature. "I'm disappointed and distressed. They were grasping for a reason," said Monning. "There will always be a future option to reintroduce the same legislation – nothing prohibits us from doing that. But that's not the option we hope for." (Krieger, 5/15)

Sacramento Bee: California Assisted Death Law Court Ruling Q&A

Nearly two years after it took effect, California's controversial assisted death law is back in limbo. A judge in Riverside County on Tuesday overturned the law because of concerns about how it was passed by the Legislature. (Koseff, 5/16)

15. State Highlights: Chicago Teens Take On Gun Violence As Peace Warriors; Maryland Prohibits Gay Conversion Therapy For Minors

Media outlets report on news from Illinois, Maryland, Massachusetts, New Hampshire, California, Ohio, Pennsylvania, Minnesota, Texas, North Carolina,

The Associated Press: For Chicago Teen Activists, Survival Is The No. 1 Goal
At his desk at North Lawndale College Prep High School, Gerald Smith keeps a small calendar that holds unimaginable grief. In its pages, the dean and student advocate writes the name of each student who's lost a family member, many of them to gun violence. And then he deploys the Peace Warriors — students who have dedicated themselves to easing the violence that pervades their world. (5/16)

The Associated Press: Maryland Bans 'Gay Conversion Therapy' For Minors
Maryland Gov. Larry Hogan signed a bill into law on Tuesday to prohibit health professionals from practicing "gay conversion therapy" on minors, as a growing number of states and municipalities are banning it. Maryland is the 11th state to enact legislation against the practice of trying to alter a person's sexual orientation through psychological intervention. Supporters of the ban note the therapy is widely discredited by medical and mental health associations. The law will classify the practice as unprofessional conduct. (5/15)

Boston Globe: What Consumers Need To Know About The State's New Health Care Website

State officials are launching a website that attempts to make health care costs a little easier for consumers to understand. The long-planned website, MassCompareCare.gov, is scheduled to go live Wednesday. It contains information about health care costs and quality, and includes guides to help patients ask the right questions about their care. (Dayal McCluskey, 5/16)

Georgia Health News: A Political Race That Has Big Implications For Health Care
In what's shaping up as a pivotal race for Georgia's next insurance commissioner, many of the prominent issues are related to health care coverage. Three Republicans and two Democrats are on the ballot in next Tuesday's primaries, and the parties' nominees will go on to face each other in November as they vie to succeed retiring Commissioner Ralph Hudgens. (Miller, 5/15)

Concord (N.H.) Monitor: N.H. Officials Say Reports Of Unlawful Restraint At Sununu Center Are 'Unfounded And Irresponsible'

State officials rejected accusations that the Sununu Youth Services Center is rife with abuse and the staff illegally uses physical restraint against the children in their care, saying the center is committed to providing a safe environment for the state's most at-risk youth. Attorney General Gordon MacDonald and Department of Health and Human Services Commissioner Jeffrey Meyers said reports of abuse at the state-run facility in Manchester are "unfounded and irresponsible" in a response released Tuesday. (Willingham, 5/16)

Los Angeles Times: For Years, A Doctor Was Accused Of Bad Behavior With Young Women. USC Let Him Continue Treating Students

For nearly 30 years, the University of Southern California's student health clinic had one full-time gynecologist: Dr. George Tyndall. Tall and garrulous, he treated tens of thousands of female students, many of them teenagers seeing a gynecologist for the first time. Few who lay down on Tyndall's exam table at the Engemann Student Health Center knew that he had been accused repeatedly of misconduct toward young patients. (Ryan, Hamilton and Pringle, 5/15)

Columbus Dispatch: Gov. Kasich Warns Ohio Legislators To Not 'Weasel' On Gun Reforms

Gov. John Kasich warned Republican legislators to not "weasel" on his package of gun-safety changes, which have received a chilly reception before the Ohio General Assembly. (Ludlow, 5/15)

The Associated Press: Governor Signs Bill Regarding Cancer Patients' Fertility

The governor of Maryland has signed legislation requiring insurers to pay to freeze the eggs and sperm of people with cancer who undergo treatments that could diminish their chances of having children. The Baltimore Sun reports Gov. Larry Hogan signed the legislation Tuesday. The law requires insurers to pay for harvesting and freezing the eggs and sperm, but not the annual storage costs. (5/16)

The Wall Street Journal: Philadelphia's Soda Tax Goes To Court: What You Need To Know

Should sodas and sugary drinks be subjected to a special tax? Philadelphia has become ground zero in the national debate over whether to tax sodas and other sugar-sweetened beverages. On Tuesday, Pennsylvania's highest state court is set to hear a challenge by the American Beverage Association and others to the city's soda tax, which went into effect in January 2017. (Armental, 5/15)

The Star Tribune: Minnesota GOP Calls For Crackdown On Child Care Assistance Fraud

Minnesota Republicans said Tuesday they want to crack down on subsidized child-care providers who commit fraud, following a television news report that suggested illegally obtained funds may be going overseas to finance terrorist groups. State and federal officials said Tuesday that they've seen no evidence of a link between Minnesota day-care operators and overseas terrorist groups, but that they welcome any additional resources to investigate fraud against the state's child-care subsidy program. (Serres, 5/15)

Houston Chronicle: UT Physician Group Improperly Shared Patient Email Addresses
A clinic owned by the physicians organization of the University of Texas Health Science Center at Houston improperly sent out mass emails containing the email addresses of many of its patients. The Davis Clinic sent batches of emails, notification of a doctor leaving the clinic, to patients last week. There were 19 such emails, each of which made visible the email addresses of anywhere from 100 to 300 other people. (Ackerman, 5/15)

California Healthline: California Hospital Giant Sutter Health Faces Heavy Backlash On Prices

Cooking dinner one night in March, Mark Frizzell sliced his pinkie finger while peeling a butternut squash and couldn't stop the bleeding. The 51-year-old businessman headed to the emergency room at Sutter Health's California Pacific Medical Center in San Francisco. Sutter charged \$1,555 for the 10 minutes it treated him, including \$55 for a gel bandage and \$487 for a tetanus shot. "It was ridiculous," he said. "Health insurance costs are through the roof because of things like this." (Terhune, 5/15)

Los Angeles Times: Following Golden State Killer Suspect's Arrest, California Lawmakers Want Rape Kits Tested More Quickly

Less than a month after police arrested a man suspected of being the Golden State Killer — one of California's most prolific serial rapists — state lawmakers in Sacramento on Tuesday said they want to ensure all sexual assault kits are counted and swiftly tested. Under a bill by Sen. Connie Leyva (D-Chino), law enforcement agencies would have to submit rape kits to crime labs within 20 days of their collection, and labs would have no more than 120 days to test them. Another bill by Assemblyman David Chiu (D-San Francisco) would require a statewide audit of all untested exams. (Ulloa, 5/15)

The Washington Post: Salmonella Outbreak: Egg Farm Had Rodent Infestation, FDA Says

A North Carolina egg farm that authorities say is responsible for an outbreak of salmonella illness that has sickened several people in nine states has had a heavy rodent infestation and failed to take actions to reverse it, according to an inspection report. Dozens of rodents, some alive and some dead, were found inside Rose Acre Farms' hen houses in its North Carolina facility. Many, the U.S. Food and Drug Administration report says, were burrowing in manure piles. Insects also hovered around chicken feeds and throughout the farm. Employees were seen touching body parts and dirty surfaces while handling food. (Phillips, 5/15)

NPR: Flavored Tobacco, Vaping Juice Targeted By San Francisco Ballot Measure
San Francisco could become the first city in the nation to ban flavored tobacco products

from all store shelves. The ban includes everything from candy-flavored e-cigarettes to conventional menthol smokes. City supervisors last year unanimously approved a ban on the products, but the tobacco industry funded a referendum, Proposition E, to put the issue before voters instead. San Francisco residents will decide in the June 5 election whether the ordinance goes into effect. (McClurg, 5/16)

Reuters: Competition Heats Up For Controversial A2 Milk Company
Stay-at-home mother Anna Wei wanted the best milk formula to feed her firstborn, so she chose the most expensive brand her money could buy: Platinum by a2 Milk Company Ltd. "I always felt that the higher the price, the better the quality," said 28-year-old Wei, who lives in Shanghai. Buyers like Wei have fanned a phenomenal success for New Zealand-based a2 Milk and its controversial milk powder that is marketed as easier to digest than conventional milk because it lacks the A1 caesin protein. (5/16)

PRESCRIPTION DRUG WATCH

16. 'We've Gone From The Farm To The Pharm': How The 'Diabetes Belt' Is Embracing This Insulin-Maker

News outlets report on stories related to pharmaceutical pricing.

Stat: Small Town Grapples With Growth Of The World's Largest Insulin Maker
This small town of 20,000 might seem an unlikely place for the world's largest maker of insulin to build a stockpile of drugs needed to fight a chronic disease affecting 30 million Americans. Yet Novo Nordisk is constructing a \$1.8 billion plant here, to make the active pharmaceutical ingredients for an array of diabetes medicines. The largest project in Novo Nordisk's history, the plant is rising across the street from a building where the Danish company has assembled and packaged its product for the past quarter century. It sits on the edge of a region known as the "diabetes belt" — a wide swath stretching from Louisiana up to West Virginia and over to North Carolina, where people are more likely to have type 2 diabetes. (Blau, 5/15)

The Hill: Defending The 'Middlemen' In The Battle On Drug Prices
Pharmacy benefit managers (PBM) — the "middlemen" in drug price negotiations — are under attack, and, for the past 15 years, Mark Merritt has been the point man in charge of defending them. Merritt, who recently underwent open-heart surgery, is stepping down as president and chief executive officer of the trade group Pharmaceutical Care Management Association (PCMA) at the end of the year, even as

the PBM industry is smack in the middle of a drug pricing war involving drug companies, insurers and the Trump administration. (Weixel, 5/15)

The Washington Post: After Outcry, Drugmakers Decide Not To Triple The Price Of A Cancer Pill

Last week, two drug companies that jointly sell a blood-cancer drug made a rare decision: to not move forward with changes that would have effectively tripled the cost of a lifesaving medicine for some patients. Most patients take three capsules of Imbruvica a day, at an annual price of \$148,000 — most of which is picked up by insurance. But just as early evidence began to suggest a lower dose might be effective, Janssen and Pharmacyclics announced they were discontinuing the old capsule and introducing once-a-day tablets in four different dosages. (Johnson, 5/15)

Stat: Azar Calls Out A Celgene Drug For Price Hikes That Are Hurting Medicare
In his speech on Monday on ways to combat high drug costs, Health and Human Services Secretary Alex Azar was careful not to mention any one company by name when talking about some medicines that Medicare Part D must automatically cover. But it certainly appears that he was pointing a finger at Celgene. (Silverman, 5/15)

CNN Money: Check Out How Much Medicare Spends On Drugs

The Centers for Medicare & Medicaid Services spent \$174 billion on prescription medications in 2016, or 23% of its total budget, the agency reported Tuesday. That's up from \$109 billion, or 17% of the budget, in 2012. The agency released the data in conjunction with its newly redesigned Drug Spending Dashboard, which contains a wide array of information on drug usage and costs in Medicare and Medicaid for 2016. (Luhby, 5/15)

Stat: Which Drug Makers' Medicines Are Racking Up Bigger And Bigger Bills For Medicare And Medicaid?

Medicare spending on each dose of Sanofi Genzyme's Renvela has been ratcheting up by an annual growth rate of 21.6 percent for roughly the last five years. Nearly the same is true for Sanofi's Lantus, Merck's Zetia, and Amgen's Enbrel — Medicare spending on all of them climbed by an annual rate of more than 18 percent between 2012 and 2016. Now the Trump administration is calling out the companies behind those increases as part of an effort to tout its updates to the Centers for Medicare and Medicaid Services' "drug pricing dashboard" and the data available there. It updated the dashboard Tuesday as part of its broader effort to put forth policies and changes that will help lower drug prices. (Mershon, 5/15)

Stat: Vermont Moves Closer To Creating A Wholesaler Program For Importing Drugs From Canada

The Trump administration may not support importing medicines from Canada, but that's not stopping lawmakers in Vermont, who endorsed a bill that would make the state the first in the nation to designate wholesalers to buy drugs from across the border. The bill, which was passed last week by both the Vermont House and Senate, is now before Gov. Phil Scott, who has so far not indicated whether he will sign the legislation into law but has until this week to decide. We asked his office for comment and will pass along any reply. (Silverman, 5/15)

Bloomberg: Ex-Valeant Official Says He Suspected Secret Financial Stake

A former Valeant Pharmaceuticals International Inc. executive told a jury how he became concerned that one of his senior directors had a secret financial interest in a mail-order pharmacy that did business with the drug company. Laizer Kornwasser, one the government's star witnesses in the fraud and money-laundering trial of Gary Tanner and Andrew Davenport, the former head of Philidor Rx Services LLC, took the witness stand Monday in Manhattan federal court. He said Tanner wasn't following through on his responsibility to find additional mail-order pharmacies with which Valeant could do business, suggesting he wanted to keep all of the business at Philidor. (Larson, 5/14)

CNN: Is Your Pharmacist Under A 'Gag Rule'?

Independent pharmacist Ira Katz has been serving the eclectic community of Little Five Points in Atlanta for 37 years. But it wasn't until Georgia passed a law last year banning "gag rules" that Katz could legally tell his patients they might save big bucks on their prescriptions if they paid cash or used a lower-priced generic. The gag rule was a clause in his contract with one of the pharmaceutical benefit managers, also known as PBMs, that manage most of our nation's prescription drug programs. (LaMotte, 5/11)

Stat: AbbVie And J&J Reverse Course On A Price Hike In Face Of Criticism

After a group of doctors raised a public fuss last month about a complicated change in pricing and dosing for a cancer medication, the manufacturers late last week suddenly scrapped plans to greatly increase the cost, according to a statement issued by one of the companies. The about-face is an unusual instance in which a drug maker — in this case, two drug makers — rolled back plans to boost pricing in the face of notable criticism. Typically, pharmaceutical companies try to ride out bad publicity, but the outcry came just as the White House made a push to lower drug prices. (Silverman, 5/14)

Dallas Morning News: How Some Dallas-Area Walgreens Are Helping Patients Manage Costly Prescriptions

It's one of 300 community specialty pharmacies Walgreens has opened in just a few

U.S. cities, including Dallas, Austin and San Antonio. There are no rows of toilet paper. No aisles of Maybelline and L'Oreal. ...Unlike the company's larger stores, these pharmacies dispense medications only to people suffering from complicated medical conditions that are hard to manage and costly to treat. Specialty pharmacies have traditionally been the realm of pharmacy benefit managers, the third-party administrators of prescription drug programs for health insurers. (Rice, 5/15)

The Star Tribune: Son's Death Pushes Minn. Mom Into Fight Over Rising Drug Prices
When Alec Smith turned 26 last May and aged out of his parents' health insurance, he discovered that he couldn't afford coverage of his own. Within weeks, he was trying to ration his diabetes medication because he couldn't afford a \$1,300 refill. A month later, the young restaurant manager was dead. An autopsy found he suffered a critical shortage of insulin, a hormone that regulates blood sugar and energy in the body. Now, Smith's mother is speaking out against the high and rising prices of prescription drugs and calling for legislation to prevent excessive price increases for essential medications. (Olson, 5/10)

17. Perspectives: Notion That Drug Costs In The United States Are Determined By Open Competition Is Fiction

Read recent commentaries about drug-cost issues.

The New York Times: What Trump Should Actually Do About The High Cost Of Drugs
A Big Mac costs \$4.40 in Britain, a ticket to see the latest superhero movie is \$10 in Spain, and an iPad Pro sells for about \$800 in Switzerland — prices that do not differ that much from those in New York City. But if you're suffering from ovarian cancer or rheumatoid arthritis, the prices in the United States for leading medicines are at least twice what those same drugs cost in those other nations. The fact that Americans pay more for their drugs has long spurred anger and questions about why we spend so much. Seniors crossing the border in buses to fill their drug prescriptions in Canada or Mexico is a perennial news story. (Thomas J. Bollyky, Aaron S. Kesselheim and Joshua M. Sharfstein, 5/14)

San Francisco Chronicle: Trump's Drug Plan Shows He Isn't Willing To Take On Big Pharma

Donald Trump promised to rein in drug prices. It was his only sensible campaign promise. But the plan he announced Friday does little but add another battering ram to his ongoing economic war against America's allies. (Robert Reich, 5/15)

Bloomberg: How To Make A Dent In Crazy-High Drug Prices

There's no good reason to pay a lot for prescription drugs that don't work well. But

that's what lots of Americans are doing. Some drug prices far outweigh any reasonable measure of the drug's benefit. This is frequently the case for new cancer therapies. For example, the cancer drug Erbitux costs about \$10,000 per month and extends life by an average of about three months when used to treat patients with recurrent or metastatic squamous-cell carcinoma of the head and neck. And the launch price of new cancer drugs is going up 12 percent a year even though the drugs aren't getting commensurately better. In one recent estimate, the cost of extending a cancer patient's life by one year is increasing by \$8,500 every year. (Austin Frakt, 5/11)

Los Angeles Times: Where Do Prescription Drugs Come From? Good Luck Answering That Question

Frances Richmond, chairwoman of the Department of Regulatory and Quality Sciences at USC's School of Pharmacy, told me that because all facets of the supply chain must meet strict FDA safety standards, it shouldn't matter to consumers where drugs or their ingredients originate. But she acknowledged that some drug companies probably don't want people knowing that 80% of active ingredients — yes, 80% — come from China and India. (David Lazarus, 5/15)

The Daily Caller: Trump's Missed Opportunity On Drug Pricing

President Trump last Friday unveiled a plan to, "Bring soaring drug prices back down to earth." Acknowledging that the current system is broken, with drug prices beyond the reach of many patients, the President's plan targets drug patents, pharmacy benefits managers, and drug pricing negotiated by foreign countries. Yet he misses one of the big elephants in the room, the fact that here in the US, Medicare is forbidden to negotiate what they pay for prescription drugs. Back in 2016, he was on the same page with Hillary Clinton and Bernie Sanders, wanting a change in the 2003 law banning Medicare from negotiating drug prices. (Brian Joondeph, 5/16)

Bangor Daily News: Want To Lower Drug Prices? Let Medicare Negotiate.

The price of brand name drugs have increased nearly 300 percent since 2010. The price of one drug used to treat multiple sclerosis increased by more than 3,000 percent, a recent study found. Because of the high cost of prescription drugs, many Americans don't take their medication as prescribed, which can worsen their symptoms and delay recovery. So, it is no surprise that drug prices are a top concern for many Americans. (5/15)

Forbes: '60 Minutes' Was Right About Huge Drug Prices, But Wrong About The Villain Last Sunday, CBS' "60 Minutes" covered a budget crisis in the small town of Rockford, Ill., sparked by an unexpected increase in health coverage for town employees. The problem: a surprise new bill for \$500,000, the price for a year's supply of one drug for two children. The town is scrambling to cut police and firefighting budgets to cover the

cost. The company that makes this drug had the presence of mind to dodge an interview with correspondent Leslie Stahl. This deprived TV viewers of the image of suits stammering why they raised prices on children from \$40 a vial to \$40,000, or perhaps Stahl leading the sweating CEO on a tour of the town's abandoned firehouse. Still, the villain of this story was clear: a greedy drug maker. (Leah Binder, 5/11)

EDITORIALS AND OPINIONS

18. Viewpoints: After Corporations, Wealthy People Get A Boost, Brutality Takes Over Policies; Where's The Research On Women's Heart Disease?

Editorial writers look at these and other health topics.

The Washington Post: Trump's Brutal Policies Target The Most Vulnerable Americans
We tend to associate the word "brutality" with physical violence, especially violence at the hands of the state. It calls to mind police shootings, torture and war. But there is another form of brutality that is less apparent to the naked eye — the brutality of policy. In recent weeks, the Trump administration has announced policy proposals that appear to serve little purpose other than cruelty. (Katrina vanden Heuvel, 5/15)

The New York Times: G.O.P. Insists Making Poor People Work Lifts Them Up. Where's The Proof?

There's something almost eerie about the unwavering nature of the Republican system of belief. The nationalists who propelled President Trump into office may appear locked in an existential battle with the party's pro-trade globalists. In truth, the Republican Party is still driven by the two propositions that have guided it for decades: cutting government aid will free poor Americans to shake dependency and get ahead, and cutting taxes on the well-to-do will bring prosperity to all. (Eduardo Porter, 5/15)

USA Today: Health Care Is Not Democratic Or Republican And We Should Fix It Together

In Virginia, an insurer wants to hike rates by as much as 64%. In Maryland, it's as much as 91%. And unfortunately, more double-digit increases in premiums for 2019 are expected to be announced over the coming weeks and months. It's clear why this is happening — because President Trump and Republican leaders made it happen. Since day one, Trump and Republicans have put partisan politics and special interests ahead of patients in desperate attempts at fulfilling the Tea Party promise to "repeal Obamacare." (Sen. Patty Murray, 5/15)

USA Today: Unequal Heart Research And Treatment Is Killing Women

In the past year, Hollywood's uncomfortable look in the mirror has shown a place where inequity is profound, sexism is rampant, and gender bias and the subjugation of women are the norm. Women have not been equals in the entertainment industry, and the reckoning is now. However, the passion for equity that I have carried throughout my life extends into the world of science and discovery, particularly when it comes to the inequitable research funding and treatment of cardiovascular disease in women. Just as women have been undervalued in Hollywood, we aren't adequately represented in the lab, or in research, when it comes to heart health. Today in America, women are being sent to early graves because our country has failed to combat a disease that kills more of us annually than all forms of cancer combined. (Barbra Streisand, 5/15)

The Washington Post: The White House Looks Secretive And Uncaring About Americans' Health

The public, media, and Congressional reaction to these numbers is going to be huge," a White House staffer wrote in a newly revealed email, calling the release of a new Department of Health and Human Services study a "potential public relations nightmare." After the White House forwarded the staffer's email to the Environmental Protection Agency, which also oversees the chemical industry and consulted with HHS, the study was suppressed and remains unpublished. Meanwhile, communities across the country may be exposed to unhealthful levels of per- and polyfluoroalkyl substances, chemicals linked to thyroid conditions, weakened immune systems, developmental defects and other health problems. (5/15)

Austin American Statesman: McCain Shows Us The Power Of Coming To Terms With Dying

Sen. John McCain has not announced a decision to stop treatment for his brain tumor — but his public actions indicate that he has transitioned from "being sick" and hoping for a cure to "dying" and hoping for the best possible quality of life in the time remaining. (Susan Ducharme Hoben, 5/15)

The Hill: Not Only Do We Need To Support Veterans, But Their Caregivers, Too
Joe Petrini is a hero. He faithfully served his country during the Vietnam War, where he suffered shrapnel wounds throughout his body. His injuries were so severe that he was treated for eight months in military hospitals before being medically retired. Joe's frequent medical issues and chronic pain became a normal part of life for him and his wife, Diane. (Former Sen. Elizabeth Dole and Delphine Metcalf-Foster)

Stat: Peer Review Could Have Helped Short-Circuit The Theranos Scandal

Theranos had a product almost everyone could get behind: a revolutionary blood test that would allow individuals to quickly and easily access information about their health.

Startups like Theranos rely on cutting-edge innovation, then leverage that innovation to attract investors. Now the company's downfall is a signal to innovators, the public, and the media that we need more transparency and credibility built on peer-reviewed publications. (Kevin Hrusovsky, 5/16)

The Wall Street Journal: Vapin' In The Boys' Room

The sudden success of an e-cigarette called JUUL—pronounced “jewel”—is causing a backlash. Sales of JUUL, invented by two Stanford engineers, have exploded 30-fold since early 2016. JUUL doesn't burn tobacco. It heats a nicotine-containing liquid held in replaceable pods, and, like other vaping devices, delivers nicotine far less dangerously than cigarettes. But instead of cheers for a blockbuster of American ingenuity that's saving lives, JUUL has sparked a moral panic. A Harvard pediatrician likened teen use of JUUL to “bioterrorism . . . a massive public-health disaster.” Last week, Sen. Chuck Schumer demanded that the Food and Drug Administration douse the “fire of e-cig addiction among New York adolescents.” Everyone agrees that teens shouldn't vape. But the consensus cannot end there, because there is no adult activity that some kids won't do. (Sally Satel, 5/15)

Arizona Republic: Phoenix Should Vote On Medicare For All

Medicare for All would establish a single, public, universal health insurance system where everyone, regardless of their employment or immigration status, will have insurance. This means comprehensive health care that is free at the point of service, paid for not on the backs of the sick but through taxes on the rich: no fees, no copays and no deductibles. (Benjamin Fong, 5/15)

Los Angeles Times: Now Is Not The Time To Expand Medi-Cal To Undocumented Adults

Advocates of a single-payer healthcare system in California have struggled to come up with a realistic and feasible way to pay for it, so this year they're pushing for more incremental steps toward universal health insurance coverage. The most far-reaching of these would be to expand Medi-Cal, the joint federal and state insurance program for poor and disabled Californians, to cover low-income residents who are living in the country illegally. Now is not the time to take that step, however. (5/16)

The Hill: Virginia Should Think Twice About Joining The Medicaid Expansion Mess

Across the country, states like Ohio and Kentucky are trying to reel in their failed ObamaCare Medicaid expansions. But as those states are moving forward with enrollment freezes and work requirements to roll back expansion, Virginia's governor and House leadership are moving backwards by trying to implement ObamaCare. Less than six months ago, the same Virginia House leadership decried Medicaid expansion, saying “free and guaranteed money from D.C. isn't always free and guaranteed.” The

facts on the ground have not changed. So why have they? If anything, the facts look even worse for expansion states, given that President Trump's budget repeals and defunds ObamaCare expansion. (Christie Herrera, 5/15)

Los Angeles Times: Mandatory Armed Guards In California's K-12 Schools? No Thank You

According to David Ropeik, a Harvard scholar who studies risk, the chance of a child being shot and killed in school is far lower than the chance that he or she will have an accident on the way to or from school, catch a potentially fatal disease while in school, or suffer a potentially deadly injury playing sports at school. Of course that doesn't mean that school shootings shouldn't worry us, or that we shouldn't take serious steps to prevent them. But it does suggest that, despite the attention and news coverage they get, these events are relatively infrequent and not imminent at any given school — and that we should be tactical and thoughtful about the best way to prevent them. That's not the case with Assembly Bill 2067, which would mandate that an armed security officer be posted at every publicly funded school in California, including elementary schools and charter schools. The state would pick up the tab, estimated at \$1 billion per year, according to the office of the bill's author, Assemblyman James Gallagher (R-Yuba City). (5/16)

San Jose Mercury News: Cost Panel Would Cripple Californians' Health Care

At a time when California is leading the nation by expanding health care coverage, our state's elected leaders must work to help, not hurt, the progress we've made over the last decade. That's why legislators should reject Assembly Bill 3087, which would lead to drastic cuts in health care services, eliminate thousands of health care jobs and harm patient access to care throughout the state. (Cal Knight, 5/15)

Sacramento Bee: What California Should Do About Record STD Rates

This week, the California Department of Public Health released a new report showing STD rates have hit an all-time high in California, with 300,000 cases of chlamydia, gonorrhea and early syphilis reported — a 45 percent increase compared to five years ago. ...With this year's budget showing a projected surplus, it's time for the governor and our elected lawmakers to make STD funding a priority in this year's state budget, and provide the leadership and resources needed to get the job done. (Julie Rabinovitz, 5/15)

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Morning Briefing: Summaries Of The News

Thursday, May 24, 2018

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KAISER HEALTH NEWS ORIGINAL STORIES

1. Now More Of Us Can Count On More Time Dodging The Dementia Bullet

These days, most men and women who hit age 65 will spend at least a dozen years in good physical and cognitive health, researchers find. (Judith Graham, 5/24)

2. 'Time's Up': Covered California Takes Aim At Hospital C-Section Rates

Starting in less than two years, if state hospitals haven't met targets for safety and quality, they'll risk being excluded from the "in-network" designation of health plans sold on the state's insurance exchange. (April Dembosky, 5/24)

3. Watch: What's In The White House Plan To Lower Drug Prices

KHN's Sarah Jane Tribble explains the key elements of the Trump blueprint on CBS News' "Red & Blue." (5/23)

4. Political Cartoon: 'Gentle Indifference?'

Kaiser Health News provides a fresh take on health policy developments with "Political Cartoon: 'Gentle Indifference?'" by Dave Coverly, Speed Bump.

Here's today's health policy haiku:

FDA WARNS AGAINST SWAPPING OUT SUNSCREEN LOTION FOR PILLS

But those sunscreen pills
Will keep your stomach lining
Safe from UV rays.

- Ernest R. Smith

If you have a health policy haiku to share, please Contact Us and let us know if you want us to include your name. Keep in mind that we give extra points if you link back to a KHN original story.

Summaries Of The News:

VETERANS' HEALTH CARE

5. Legislation Revamping VA Health System, Expanding Private Care For Veterans Sent To President

The sweeping measure would allow veterans to see private doctors when they do not receive the treatment they expected. Critics say the measure goes too far toward privatized care, which could undermine the Veterans Affairs Department.

The New York Times: Senate Sends Major Overhaul Of Veterans Health Care To Trump

The Senate gave final passage on Wednesday to a multibillion-dollar revamp of the veterans health care system, consolidating seven Veterans Affairs Department health programs into one and making it far easier for veterans to take their benefits to private doctors for care. The legislation, which passed 92 to 5, also expands popular stipends to family caregivers of veterans who served during the Vietnam War era or after. And it establishes a nine-member commission to study the department's current infrastructure to determine where its health system should expand and contract. (Fandos, 5/23)

The Associated Press: Bill Expanding Private Care For Veterans Goes To Trump
The sweeping measure would allow veterans to see private doctors when they do not receive the treatment they expected, with the approval of a Department of Veterans Affairs health provider. Veterans could access private care when they have endured lengthy wait times or VA medical centers do not offer the services they need. The bill's approval comes despite concerns from some Democrats that the effort would prove

costly and be used too broadly by veterans in search of top-notch care even when the VA is able to provide treatment deemed sufficient for their needs. (Yen, 5/24)

The Washington Post: Congress Sends Massive Veterans Bill To Trump, Opening Door To More Private Health Care

About one-third of veterans in the system now see outside doctors through a program called "Choice," which Congress hastily approved as a temporary remedy in response to the scandal. But the program — designed to serve the overflow at VA facilities both of aging Vietnam-era veterans and younger service members returning from the wars in Iraq and Afghanistan — is fragmented and unwieldy. Doctors have complained of slow or nonexistent payments, and veterans say there's insurmountable red tape. (Rein, 5/23)

CQ: Senate Clears Veterans Health Care Bill For Trump's Signature

Senate committee leaders sought to tamp down House Democrats' concerns over the bill's funding Tuesday evening by promising a solution to fix congressional spending caps that could limit the bill's implementation. Appropriations Chairman Richard C. Shelby, R-Ala., and ranking member Patrick J. Leahy, D-Vt., said in a written colloquy they would offer an amendment to fix the caps when the fiscal 2019 Military Construction-VA appropriations bill comes to the floor later this summer. The program would run out of funds in May 2019 if nothing is done. "I will not stand in the way of the new policy created in the bill, as I do believe it creates a better Community Care program," Leahy said, "but Chairman Shelby and I have a proposal that will help us fulfill our promise to our veterans by allowing for an adjustment to the caps to help us pay for this program." (Clason, 5/23)

Modern Healthcare: Senate Sends VA Choice Reforms To Trump

House VA Committee Chair Phil Roe (R-Tenn.) said as he is thinking about implementation of Choice he is turning his focus to the roll-out of the new electronic health record system which is slated to happen as the department has to consolidate and streamline the community care programs. The Senate's Wednesday vote meant that Congress met Trump's Memorial Day deadline to get the legislation finalized — which at one point seemed like a heavy lift as negotiations lapsed late last year when Sen. Jerry Moran (R-Kan.) voted against the Senate VA Committee's version of the bill and pushed his bill that incorporated designated access standards in statute that the VA would have to adhere to. (Luthi, 5/23)

The Hill: Senate Sends Major VA Reform Bill To Trump's Desk

The Senate easily cleared legislation on Wednesday overhauling medical care options for veterans, sending the bill to President Trump's desk. Senators voted 92-5 on the proposal, called the VA Mission Act, with only a simple majority needed to pass the bill.

Sens. Bernie Sanders (I-Vt.), Brian Schatz (D-Hawaii), Jeff Merkley (D-Ore.), Mike Rounds (R-S.D.) and Bob Corker (R-Tenn.) voted against the legislation. (Carney, 5/23)

HEALTH LAW

6. The Price Tag To Help Make Health Insurance Affordable For Americans? Nearly \$700 Billion A Year

In total, the federal subsidies to help Americans pay for coverage under the Affordable Care Act and other government programs are equivalent to about 3.4 percent of the U.S. gross domestic product. Meanwhile, premiums are expected to rise an average of 15 percent next year and an additional three million will be uninsured, according to the Congressional Budget Office.

Bloomberg: It Costs \$685 Billion A Year To Subsidize U.S. Health Insurance
It will cost the U.S. government almost \$700 billion in subsidies this year help provide Americans under age 65 with health insurance through their jobs or in government-sponsored health programs, according to a report from the nonpartisan Congressional Budget Office. The subsidies come from four main categories. About \$296 billion is federal spending on programs like Medicaid and the Children's Health Insurance Program, which help insure low-income people. Almost as big are the tax write-offs that employers take for providing coverage to their workers. Medicare-eligible people, such as the disabled, account for \$82 billion. Subsidies for Obamacare and for other individual coverage are the smallest segment, at \$55 billion. (Ockerman, 5/23)

The Hill: CBO: ObamaCare Premiums To Rise 15 Percent In 2019
ObamaCare premiums are expected to rise an average of 15 percent next year, an increase largely due to the GOP's repeal of the law's individual mandate, according to a Congressional Budget Office (CBO) analysis released Wednesday. The CBO estimates that gutting the requirement that Americans have health insurance or face a tax penalty will contribute to about a 10 percent rise in premiums for 2019, with insurers expected to see healthier people dropping out of the marketplaces, leaving sicker enrollees on the plans. (Roubein, 5/23)

CQ: CBO Projects Three Million More Uninsured People In 2019
An additional three million people will be uninsured next year largely because the requirement for most Americans to have health insurance coverage was effectively repealed, the Congressional Budget Office projected. A new report released Wednesday by the nonpartisan analysts estimates that premiums for benchmark plans sold on the marketplaces set up by the 2010 health care law (PL 111-148, PL 111-152)

will increase an average of 15 percent next year. Still, the analysts expect the individual insurance market to be stable in most parts of the country in 2019. (McIntire, 5/23)

In other news related to the health law —

The Baltimore Sun: Democrats Running For Maryland Governor Pledging To Support A State Individual Mandate For Health Care

The seven major Democrats running for Maryland governor have all signed a pledge to support a plan to shore up Obamacare if they are elected, health care advocates said Wednesday. Representatives from the campaigns are expected to announce their support for the plan at an 11 a.m. event Wednesday at the Episcopal Diocesan Center in Baltimore, according to Vincent DeMarco, president of Health Care for All. (Cox, 5/23)

WOMEN'S HEALTH

7. Semantics Of New Title X Funding Rule May Come Down To Difference Between Counseling And Referrals

While critics call the new restrictions a "gag rule," HHS says that it is simply stripping away a policy that requires organizations that receive Title X funding to counsel women about abortion and provide them with referrals to abortion services. So which side is right?

The Washington Post: Is It A Gag Rule? What The New Title X Family Planning Funding Rule Says.

The Trump administration has released the language of a proposed rule on federal family planning funding, and abortion rights activists are raising alarm about it. When health officials revealed Friday that they would be filing a change to which clinics would be eligible for funding, they emphasized that it was not a "gag rule." Instead, they said they were proposing to strip away a current mandate. It requires organizations that receive Title X funding to counsel women about abortion and provide them with referrals to abortion services. Under the new rules, a provider wouldn't have to talk about abortion at all. (Cha, 5/23)

Politico Pro: Planned Parenthood's GOP Advisers Blast Trump Over 'Gag Rule'
In a rare public statement, Planned Parenthood's board of Republican advisers on Wednesday blasted the new Trump administration proposal to prevent some doctors from referring patients for abortions. The Trump administration this week announced

changes to the Title X family planning program that would effectively eliminate funding for abortion providers including Planned Parenthood. (Diamond and Haberkorn, 5/23)

Texas Tribune: Texas Reproductive Rights Groups Worried About Trump Proposal To Strip Funding From Clinics Affiliated With Abortion Providers

Abortion providers and their advocates in Texas are raising alarm this week about a new proposal by the U.S. Department of Health and Human Services that would strip federal family planning funding away from clinics affiliated with abortion providers or clinics that refer patients to those providers. (Evans, 5/23)

Politico Pro: Texas Already Tried What Trump Is Proposing For Family Planning — And Participation Plummeted

To understand the potential impact of the Trump administration's dramatic proposals to transform the federal family planning program, look no further than Texas. After the state made similar cuts there, the number of women served in its family planning program plummeted more than 70 percent. (Rayasam, 5/23)

In other news —

WBUR: Why The Abortion Fight Is Becoming A Battle Over Health Information

As the White House moves to block federal funding for family planning clinics unless they stop providing abortions or referring women for abortions, supporters and opponents of abortion rights are gearing up for a familiar and likely protracted fight.

...Yet abortion access is fundamentally different than it was 30 years ago, in at least one significant way: Women today have access to safe, private, do-it-yourself abortion - if they know where to look. (Conaboy, 5/22)

ADMINISTRATION NEWS

8. American In China Experiences Same Symptoms As Diplomats In Cuba Reported After Mysterious Sonic Attack

Previously, 24 U.S. personnel in Havana suffered a slew of health problems that resemble those that result from mild brain trauma. U.S. officials still have not determined what happened. Now, an American government employee in China is experiencing similar issues. Secretary of State Mike Pompeo said medical teams are headed to China to examine the incident.

The New York Times: First Cuba, Now China? An American Falls Ill After 'Abnormal' Sounds

An American government employee posted in southern China has signs of possible

brain injury after reporting disturbing sounds and sensations, the State Department said on Wednesday, in events that seemed to draw parallels with mysterious ailments that struck American diplomats in Cuba. The State Department warning, issued through the United States Consulate in Guangzhou, a city in southern China, advised American citizens in China to seek medical help if they felt similar symptoms. But it said that no other cases had been reported. (Buckley and Harris, 5/23)

The New York Times: Pompeo Says Mysterious Sickness Among Diplomats In Cuba Has Spread To China

"The medical indications are very similar and entirely consistent with the medical indications that have taken place to Americans working in Cuba," Mr. Pompeo told the House Foreign Affairs Committee. He said medical teams were heading to Guangzhou to address what he described as one incident. "We are working to figure out what took place, both in Havana and now in China as well," Mr. Pompeo said. (Harris, 5/23)

Reuters: China Says Finds No Clues To Explain U.S. Sonic Incident

The U.S. embassy, which issued a health alert on Wednesday to Americans living in China, said it could not link the case to health problems suffered by U.S. government staff in Cuba dating back to late 2016. Foreign Ministry spokesman Lu Kang said China has always safeguarded the security of foreign organizations and personnel of foreign countries, including the United States, according to the Vienna convention. "China has already conducted an earnest investigation and we have also given initial feedback to the U.S. side," Lu told a daily news briefing in Beijing. (Martina, 5/24)

The Wall Street Journal: U.S. Aide In China Taken Ill In A Case Echoing Cuba Acoustic Attacks

More than 20 American diplomats and family members in Cuba suffered, starting in late 2016, from dizziness, concussions, hearing loss and other symptoms that U.S. officials attributed to what they called "targeted attacks." In January, a State Department official told a Senate hearing that U.S. investigators haven't been able to identify the perpetrator or means of the apparent attacks. The U.S. hasn't blamed Cuba for the illnesses but took steps last year to hold its leaders responsible for not having prevented them, including by expelling Cuban diplomats from Washington and recalling some staff from the U.S. Embassy in Havana. (Wong, 5/23)

9. Teething Remedies That Contain Numbing Agent Can Cause Rare But Deadly Side Effects In Children, FDA Warns

As the death toll continues to rise, the FDA wants the teething products off the market. The agency said it will take legal action against companies that don't voluntarily comply as soon as possible.

The Associated Press: FDA Warns Teething Medicines Unsafe, Wants Them Off Shelves

Federal health officials warned parents Wednesday about the dangers of teething remedies that contain a popular numbing ingredient and asked manufacturers to stop selling their products intended for babies and toddlers. The Food and Drug Administration said that various gels and creams containing the drug benzocaine can cause rare but deadly side effects in children, especially those 2 years and younger. (5/23)

Bloomberg: FDA Demands Orajel To Soothe Teething Babies Be Taken Off Market
More than 400 cases of benzocaine-associated methemoglobinemia have been reported to the FDA or in medical literature since 1971, according to a drug-safety communication the agency posted. The FDA analyzed 119 of the episodes from February 2009 to October 2017, including 11 linked to patients younger than 2 years old. In one of those cases, the patient died. The FDA warned about the potential dangers of benzocaine in 2006 and 2011, and has said parents shouldn't use the products in children younger than 2. Signs of methemoglobinemia include shortness of breath, fatigue, and pale, gray, or blue-colored skin, lips and nail beds. (Edney, 5/23)

OPIOID CRISIS

10. Officials Have Pulled Out Lots Of Tools To Fight Opioid Crisis. Now Senators Want To Know What Works.

"We need to know whether our policies and resources are being used in ways that have a measurable impact on the public's health," Sen. Ed Markey (D-Mass.) said in announcing proposed legislation to create a centralized tracking system to monitor success of strategies. "If we don't have a dashboard to clearly and quantifiably show our progress on this epidemic, we will continue to fight the same battle over and over again."

The Hill: Senators Introduce Bill To Measure Progress In Opioid Fight

Three senators are introducing a bill to measure the federal government's progress in ending the opioid epidemic, as the White House and Congress are grappling with how to solve a crisis contributing to thousands of deaths per year. Sens. Ed Markey (D-Mass.), Lisa Murkowski (R-Alaska) and Maggie Hassan (D-N.H.) said it's important to

create national indicators to determine what efforts to solve the opioid crisis have worked, and what hasn't. (Roubein, 5/23)

In other news on the crisis —

Los Angeles Times: Researchers Tally The Physical And Financial Costs Of Opioid Painkillers' Side Effects

The opioid crisis has shown us that prescription painkillers and their illicit counterparts can wreak havoc in American communities. Now researchers have quantified the damage they can do inside hospitals when administered to patients following surgeries and other invasive medical procedures. More than 10% of hospitalized patients who took one or more opioid painkillers experienced a side effect tied to the drug, according to a study published Wednesday in the journal JAMA Surgery. Fully 93% of these patients suffered at least one episode that was deemed moderate or severe. (Kaplan, 5/23)

NPR: Physical Therapy As First Treatment For Low Back Pain Curbs Opioid Use
Though Americans spend an estimated \$80 billion to \$100 billion each year in hopes of easing their aching backs, the evidence is mounting that many pricey standard treatments — including surgery and spinal injections — are often ineffective and can even worsen and prolong the problem. A study published Wednesday in the journal Health Services Research suggests trying physical therapy first may at least ease the strain on the patient's wallet in the long term — and also curb reliance on opioid painkillers, which carry their own risks. (Neighmond, 5/23)

Modern Healthcare: Surgeon General Urges ER Docs To Advocate For Evidence-Based Opioid Treatment

U.S. Surgeon General Dr. Jerome Adams on Wednesday called for emergency physicians to take a bigger role advocating for evidence-based opioid abuse treatments including harm reduction. Speaking at an American College of Emergency Physicians forum in Washington, D.C., the nation's top doctor supported harm reduction tactics such as needle exchange programs and safe injection sites to help mitigate health concerns associated with drug use. (Johnson, 5/23)

Wyoming Public Radio: Wyoming Attorney General Investigating Potential Opioid Lawsuit

Carbon County recently filed suit against opioid manufacturers and distributors, and Teton County is considering the idea too. But Wyoming's attorney general would rather the state take the lead on an opioid lawsuit. (Edwards, 5/23)

The Philadelphia Inquirer: Lost In The Battle To Create Fewer New Patients Addicted To Opioids: Longtime Pain Patients

New rules seek to contain the number of leftover pills available for diversion and reduce the number of pain patients who become dependent or suffer serious side effects. But longtime users with chronic pain contend that these rules are hurting law-abiding people. (Burling, 5/24)

Cincinnati Enquirer: Hamilton County Keeps Inmates Safe From Opioid Withdrawal With Med

Hamilton County jail is first in Ohio to launch a program with its health-care provider that manages inmates who experience opioid withdrawal with the medication buprenorphine. And during a nationwide opioid epidemic, jails are used to seeing hundreds of people coming in with these symptoms. (DeMio, 5/23)

MEDICAID

11. Implementing Medicaid Work Requirements Will Cost States Millions And Drive Up Uncompensated Care

The liberal Center on Budget and Policy Priorities said in a new report that the federal government ultimately may save money on the Medicaid waiver programs but that those savings will come entirely from people losing coverage and access to care. Medicaid news comes out of South Dakota, as well.

Modern Healthcare: States Face Big Costs, Coverage Losses From Medicaid Work Requirements

Implementing Medicaid work requirements will be administratively cumbersome and costly, cause many people to lose coverage and drive up uncompensated care, according to a think tank report issued Wednesday. The liberal Center on Budget and Policy Priorities said implementing so-called community engagement requirements, premiums and other new conditions will cost states and the federal government tens of millions of dollars for eligibility system changes and increased staff to track compliance and handle appeals. (Meyer, 5/23)

Modern Healthcare: South Dakota Adds A Safety Net To Its Medicaid Work Requirement Waiver

South Dakota is joining the line of non-expansion states seeking to impose work requirements on its Medicaid beneficiaries. However, unlike the others, it developed a strategy to avoid the so-called subsidy cliff, which has been a challenge for other waiver proposals. Under the state's draft proposal posted on its website for comment, it

would launch a pilot work requirement program for Medicaid recipients living in Minnehaha and Pennington Counties, two of the state's most populous areas. (Dickson, 5/23)

PHARMACEUTICALS

12. Medications For Depression, Insomnia, Diabetes And More Are Ending Up In Our Rivers And Streams

A new study looked at the wastewater discharges coming from pharmaceutical facilities and found 33 different medicines in the samples. The health or environmental effects of the contamination is unclear. In other pharmaceutical news: legislation to promote the development of antibiotics falls short; Supreme Court urged to take up a case about product warnings; a look at what's in President Donald Trump's blueprint to lower drug prices; and more.

Stat: Pharmaceutical Manufacturing Plants Are Sending Lots Of Medicine Into The Water Supply

Wastewater treatment plants that accept discharges from pharmaceutical manufacturing facilities send “substantially” higher concentrations of medicines into rivers and streams than treatment plants that do not take these discharges, according to the first study to examine the issue across the U.S. In reaching their conclusion, the study authors compared effluent — which is wastewater that is sent into rivers and other natural bodies of water — from 13 treatment plants that took pharmaceutical discharges and six plants that did not. They examined plants scattered among rural and urban locations around the country in order to compare plant sizes, varying climates, and technology used for treating wastewater. (Silverman, 5/23)

Stat: Effort To Encourage Development Of New Antibiotics Falls Short In Senate
An effort to use congressional legislation to incentivize the development of new antibiotics fell short Wednesday, despite lobbying pressure from pharmaceutical companies and medical societies. Antibiotics are rarely moneymakers for drug makers, and yet there’s wide agreement that there’s a need for more given that some bacteria are increasingly resistant to the therapies currently on the market. (Swetlitz, 5/23)

Stat: Solicitor General Urges Supreme Court To Review Merck Case About Warnings
In a boost to Merck (MRK), the U.S. solicitor general is urging the U.S. Supreme Court to review a case that has broad ramifications for lawsuits filed by consumers against drug makers over product warnings. At issue are hundreds of lawsuits that were filed more than seven years ago by women who claim they suffered bone fractures after taking Fosamax, a Merck drug used to combat osteoporosis. Last year, a federal

appeals court overturned a lower court and decided the lawsuits should proceed. (Silverman, 5/23)

Kaiser Health News: Watch: What's In The White House Plan To Lower Drug Prices
President Donald Trump began talking about the high cost of prescription drugs long before he took office. He often spoke about how drug companies "got away with murder" on the campaign trail. He has continued these attacks, and in April the Trump administration unveiled a 44-page blueprint. But what's in it? (5/23)

Stat: A Career In Biotech Brought Success. Then The Birds Came Calling
For Neil Hayward, the days of travel and nights of seasickness were worth it, because of the birds. They were what field guides call vagrants or accidentals: species that turn up far outside their normal range, unexpected emissaries from another part of the world. ...A few years before, he'd been a director and board chair at Abcam, a British company selling antibodies and proteins and other ingredients for biomedical labs. He'd opened offices in Tokyo and San Francisco. He'd managed a team in the Massachusetts biotechnopolis of Kendall Square. He'd watched the firm go public, watched its stock price grow. Now, he had no salary, no real job, and in exchange for free passage to this godforsaken place, he was helping to lead a tour promoted as "particularly good for those who haven't seen whiskered auklet yet." (Boodman, 5/24)

The Hill: Senate Panel To Consider Ban On Prescription Drug 'Gag Clauses'
The Senate health committee plans to vote on a bill next month banning "gag clauses" that can hide potential savings on prescriptions from consumers at the pharmacy counter. Committee Chairman Lamar Alexander (R-Tenn.) said Tuesday he hopes the panel will vote on the bill, authored by Sen. Susan Collins (R-Maine), June 20. (Hellmann, 5/23)

HEALTH CARE PERSONNEL

13. Long Trail Of Allegations Against USC Gynecologist Has Many Asking, 'Why Wasn't Something Done Sooner?'

The earliest complaint shared with the Los Angeles Times dates to 1991 — two years after Dr. George Tyndall joined the clinic staff. "They missed an opportunity to save a lot of other women from his mistreatment," said Alexis Rodriguez, a former patient.

Los Angeles Times: Students Warned USC About Gynecologist Early In His Career: 'They Missed An Opportunity To Save A Lot Of Other Women'
After an appointment with Dr. George Tyndall in 1995, USC undergraduate Alexis Rodriguez wrote a letter of complaint on a typewriter in the English department. The

gynecologist, she recalled writing, had a Playboy magazine on his desk, used a scalpel on a vaginal abscess without anesthetic and, when she objected, marked her chart with the word "difficult." A student health clinic administrator sent back a letter, apologizing and pledging to remove the notation from her chart, Rodriguez said. It would be 21 years before the university forced Tyndall out of the clinic. (Ryan and Hamilton, 5/23)

The Washington Post: Pressure Mounts On USC President To Resign After Scandals
On Wednesday, the executive committee of the board of trustees announced it was appointing a special committee that would hire outside counsel to investigate the misconduct and reporting failures at USC. "The behavior exhibited by the former physician was reprehensible," the trustees wrote, "and we will hold people accountable if we find they failed to report or take action to ensure the well-being and safety of patients and students. To those affected, we are deeply sorry." The chairman of the board expressed strong support for the school's president Tuesday. The trustees' executive committee has full confidence in the "leadership, ethics and values" of USC President C.L. Max Nikias, the board's chairman John Mork said in a statement, "and is certain that he will successfully guide our community forward." (Svrluga, 5/23)

Reuters: China Seeks Investigation Into University Of Southern California Abuse Accusations

The Chinese government has expressed "deep concern" over published reports that a University of Southern California gynecologist was allowed for years to treat students, many of them from China, despite accusations of sexual abuse and harassment. The Los Angeles Times reported this week that Dr. George Tyndall, 71, resigned from USC last year after an internal investigation at the university found he performed unnecessary or unprofessional physical exams and made inappropriate comments to some of the young women in his care. (Whitcomb, 5/23)

PUBLIC HEALTH AND EDUCATION

14. U.S. Life Expectancy Expected To Drop For Third Straight Year As Heart Disease Improvements Plateau

Gains made against the nation's No. 1 killer have previously offset losses in other places, but this year researchers aren't seeing that drop in heart disease deaths. In other public health news: cancer and artificial intelligence, colleges and disabilities, humans' oversized brain, trauma in kids, the happiest places to live, and more.

The Associated Press: With Death Rate Up, US Life Expectancy Is Likely Down Again
The U.S. death rate rose last year, and 2017 likely will mark the third straight year of decline in American life expectancy, according to preliminary data. Death rates rose for

Alzheimer's disease, diabetes, flu and pneumonia, and three other leading causes of death, according to numbers posted online Wednesday by the Centers for Disease Control and Prevention. Full-year data is not yet available for drug overdoses, suicides or firearm deaths. But partial-year statistics in those categories showed continuing increases. (5/23)

Stat: National Cancer Institute Head Sees Potential In AI, Personalized Medicine
Ned Sharpless has been in cancer research for decades, most recently as the director of the University of North Carolina's Lineberger Cancer Center. But when he took the helm of the National Cancer Institute in October, he realized it would take time to get to know the \$5.5 billion federal agency. So he embarked on a listening tour that ended up lasting six months, talking to investigators, patients, research advocates, and agency administrators. Nearly a year into his tenure at NCI, Sharpless sat down with STAT on Wednesday to talk about his new role, using artificial intelligence in cancer care, and how the NIH's "All of Us" precision medicine project could play into the NCI's big data aspirations. (Facher, 5/24)

The Wall Street Journal: Colleges Bend The Rules For More Students, Give Them Extra Help

As many as 1 in 4 students at some elite U.S. colleges are now classified as disabled, largely because of mental-health issues, entitling them to a widening array of special accommodations like longer time to take exams. Under federal law, students can be considered disabled if they have a note from a doctor. That label requires schools to offer accommodations depending on the student's needs. A blind student, for example, would have access to specialized software or a reader for an exam. (Belkin, 5/24)

Los Angeles Times: Can Simulating Evolution On A Computer Explain Our Enormous Brains?

Compared to the rest of the animal kingdom, the human brain is way out of whack. Our brains are roughly six times larger than what you would expect for a placental mammal of our stature, scientists say. And no other animal has a brain as large as ours relative to body size. So why did humans evolve to have such large brains when other animals did not? (Netburn, 5/23)

NPR: Resilience Training Helps Kids With Trauma

Sometimes 11-year-old B. comes home from school in tears. Maybe she was taunted about her weight that day, called "ugly." Or her so-called friends blocked her on their phones. Some nights she is too anxious to sleep alone and climbs into her mother's bed. It's just the two of them at home, ever since her father was deported back to West Africa when she was a toddler. B.'s mood has improved lately, though, thanks to a new set of skills she is learning at school. (We're using only first initials to protect students')

privacy.) Cresthaven Elementary School in Silver Spring, Md., is one of growing number of schools offering kids training in how to manage emotions, handle stress and improve interpersonal relationships. (Simmons-Duffin, 5/23)

NPR: Diverse, Bike-Friendly Cities Have Happier Residents

Every year, Gallup ranks U.S. cities for well-being, based on how residents feel about living in their communities, and their health, finances, social ties and sense of purpose. Perhaps unsurprisingly, places like Naples, Fla., and Boulder, Col., tend to top the list, while Southern and Midwestern towns including Canton, Ohio, and Fort Smith, Ark., often come in last. But what hard data underpin the differences between these communities? (Bate, 5/23)

Concord (N.H.) Monitor: Doctors Discuss Concerns About Diseases Resistant To Antibiotics At Concord Symposium

When more than 300 health care providers showed up in Concord on Wednesday for a conference about antibiotic resistance, they encountered something unexpected: a pop quiz. Standing at the front podium, Dr. Benjamin Chan, the state epidemiologist, described a classic case of a common type of pneumonia and asked people to use the clickers on their tables to choose which of five antibiotics they would prescribe. The top choice of the crowd was erythromycin. That seems reasonable since this is one of the most commonly prescribed antibiotics around. (Brooks, 5/24)

WBUR: What Happens When Someone On Your Flight Has A Medical Emergency

If there's a medical emergency on a flight, some planes will make an emergency landing so the passenger can get treatment. But on others, sick passengers are treated on board by flight attendants or medical personnel who happen to be on the same flight and volunteer to help. (Hobson, 5/23)

Stat: A New VC Firm Will Invest In Your Startup — And Your Health And Wellness

This is the land of Soylent and productivity hacks, a place so work-obsessed in some quarters that “0hustle” is half-seriously described as the dominant religion. Now, a new venture capital firm here is betting that overworked, unhealthy startup founders are bad for the bottom line. (Robbins, 5/23)

PBS NewsHour: This Digital Pill Wants To Make Following Your Prescription Easier

A new clinical study is underway at 16 health centers around the country to see if a pill with an ingestible sensor can improve medication adherence rates for Hepatitis C drugs. Proteus Digital Health, the inventor of this so-called digital pill, is part of an

emerging field of medicine and one of a handful of companies designing these high-tech pills. (Wise, 5/23)

Kaiser Health News: Now More Of Us Can Count On More Time Dodging The Dementia Bullet

You've turned 65 and exited middle age. What are the chances you'll develop cognitive impairment or dementia in the years ahead? New research about "cognitive life expectancy" — how long older adults live with good versus declining brain health — shows that after age 65 men and women spend more than a dozen years in good cognitive health, on average. And, over the past decade, that time span has been expanding. (Graham, 5/24)

The New York Times: The Boundary Between Abuse And B.D.S.M.

"You want to make sure that you narrate what is going to be happening," a blond woman in a skintight nurse's costume said. She had just demonstrated how to safely, and consensually, stick a willing partner with hypodermic needles. The subject of her class was "medical play" and the crowd was standing-room-only. The event was hosted by the Eulenspiegel Society in Manhattan, which describes itself as the "oldest and largest B.D.S.M. support and education group" in the country. (Safronova and Van Syckle, 5/23)

15. If Ebola Spreads 'We Will Take Further Actions,' HHS Secretary Vows

Congo officials have confirmed that the number of Ebola cases has hit 30 as the nation fights to contain the virus from spreading further.

The Associated Press: US Health Chief Pledges More Action If Ebola Spreads
President Donald Trump's top health official said Wednesday that the U.S. and global partners will "take the steps necessary" to try to contain a new Ebola outbreak, asserting that the fight against infectious diseases is one of the administration's top priorities for the World Health Organization, the U.N. agency taking the lead. Secretary of Health and Human Services Alex Azar stopped short of predicting whether the outbreak in Congo that's believed to have killed at least 27 people will be contained, but he praised WHO's early response and vowed: "If it spreads, we will take further actions." (5/23)

The Associated Press: Congo Says Ebola Cases Have Reached 30, Warns Against Rumors

Congo's Ministry of Health says the number of confirmed Ebola cases has reached 30, including 8 deaths in the 3 affected health zones in the country's Equateur province.

The ministry on Thursday gave the toll after surveillance teams in the capital, Kinshasa, were deployed along the Congo River to monitor people coming in there. (Mwanamilongo, 5/24)

Reuters: Ebola Patients Slip Out Of Congo Hospital As Medics Try To Curb Outbreak
Three patients infected with the Ebola virus slipped out of an isolation ward at a hospital in Democratic Republic of Congo, health officials said, as medics raced to stop the deadly disease from spreading in the busy river port of Mbandaka. The cases represent a setback to costly efforts to contain the virus, including the use of an experimental vaccine, and show efforts to stem its spread can be hampered by age-old customs or scepticism about the threat it poses. (Ligodi, 5/23)

In related news —

CQ: Senate Panel Advances Health Emergency Preparedness Bill
A Senate committee on Wednesday approved a bill to reauthorize federal programs for health emergencies like large-scale disease outbreaks or major catastrophes. The Health, Education, Labor and Pensions Committee advanced the bill (S 2852) 22-1. Sen. Rand Paul, R-Ky., was the only dissenter. The House has yet to hold a hearing or markup on companion legislation, but the Energy and Commerce Committee may have time to address the issue in June now that it has advanced dozens of bills to address opioid abuse. (Siddons, 5/23)

16. Following School Shooting, Texas May Consider 'Red Flag' Law For Guns

Texas Gov. Greg Abbott (R) met with victims and survivors of the mass shooting to talk about ways to make students safer. "There were no commitments per se but there were a lot of discussions," Ed Scruggs, board vice chair of Texas Gun Sense said after the meeting.

Reuters: Texas Considers 'Red Flag' Law In Wake Of School Shooting: Governor
Texas Governor Greg Abbott sought consensus on firearms in a second round of talks on preventing gun violence on campus on Wednesday and may look at "red flag laws" to keep guns out of the hands of people deemed by a judge to be danger to themselves or others. After last week's fatal shooting of 10 people in a Houston-area high school, Abbott invited the Texas State Rifle Association, affiliated with the National Rifle Association, and Texas Gun Sense, which favors tighter gun laws, to join him in Austin, the state capital. (Herskovitz, 5/23)

Texas Tribune: After Santa Fe Shooting Talks, Texas Gov. Greg Abbott Expresses Support For Mental Health Checks, Reporting Stolen Guns

After the second day of discussions on school and gun safety in the aftermath of the Santa Fe High School shooting last week, Gov. Greg Abbott on Wednesday listed several gun-related regulations he said he could support. The Republican governor met with several lawmakers, mental health experts and advocates on both sides of the gun debate to discuss ways to prevent another mass shooting in Texas. (McCullough, 5/23)

Meanwhile —

The Associated Press: After Mass Shootings, NRA Pins Blame On Familiar List

In the aftermath of recent school shootings, a familiar pattern has played out in the debate over guns. Gun-control advocates push for tougher laws, including universal background checks to prohibiting the sale and possession of AR-style long guns. The National Rifle Association and many Republican leaders insist the root of the problem is not guns but a range of issues such as mental health, school security, video games and excessive prescriptions of attention-deficit disorder drugs such as Ritalin. (Pane, 5/23)

New Hampshire Public Radio: Amid Debate Over Gun Policy, An Unlikely Team Finds Some Consensus In N.H.

This often overlooked statistic inspired The Gun Shop Project, an unlikely team of New Hampshire gun owners and public health experts who came together in hopes of curbing gun suicides. Nearly 10 years ago, the group decided the best way to try to do so was to teach employees of gun shops about the signs of suicide and encourage them not to make a sale if they think someone is struggling. (Chooljian, 5/23)

17. Lung Cancer Rates Are Now Higher In Women Than Men And Experts Aren't Sure Why

The research raises some possibilities, including biological and genetic ones, about why rates for white and Hispanic women born since the mid-1960s outpace men. Other reports look at bariatric surgery benefits and cancers linked to obesity.

The Washington Post: Lung Cancer Rates In Younger White And Hispanic Women Surpass Those Of Men

Reversing a historic trend, rates of lung cancer among younger white and Hispanic women have surpassed those of men — and the change cannot be fully explained by gender differences in smoking behavior, researchers said Wednesday. Previous research pointed to shifts in the incidence of lung cancer, with rates creeping up among some groups of women. The new study, published in the New England Journal of